

EXPLORING FOOD SECURITY AMONG ELDERLY RESIDENTS IN
CARROLLTON AND FARMERS BRANCH, TEXAS

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Many senior citizens are surviving on minimal Social Security benefits and as a result, struggle with food security. Metrocrest Services in Farmers Branch, Texas, a suburb of Dallas, is a non-profit organization that provides several food programs to residents of the community including some programs that are specifically tailored to the needs of senior citizens. This project was to provide Metrocrest with an assessment of the food security of their senior clientele as well as other elderly residents of the Metrocrest service area and to evaluate the current senior focused programs. The project utilized qualitative research including both Metrocrest clients and residents who were not Metrocrest clients but whose demographics were similar. The objectives were to determine the coping skills used by senior citizens in obtaining food, to assess seniors' awareness of the programs offered by Metrocrest, to discover barriers to accessing needed resources and to make recommendations of how programs could be improved or modified if needed. Through my research, I was able to present Metrocrest with a number of recommendations to improve their existing programs. I was also able to recommend some potential new programs that could be designed in conjunction with local senior centers to better serve the community.

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By

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CHAPTER 1

PROJECT OVERVIEW

The Problem

Many senior citizens across the country live only on the Social Security benefits they have earned throughout their working years. For some, this amount can be as low as \$750 to \$800 per month which is below the federal poverty level (for Texas) of \$12,060 (2017 Poverty Level). Out of \$800 per month, seniors are expected to support themselves and pay for all of their living expenses including housing, utilities, transportation, food and medical care plus any debts they may have. With the rising costs of living, this is almost an impossibility, particularly in a metropolitan area such as Dallas (Carrollton and Farmers Branch are suburbs). Housing costs are high, public transportation is very limited, and the climate has extremes of hot and cold, which require fuel for heat and air conditioning practically year around.

For the elderly, and particularly the disabled elderly, this is not a temporary situation which could improve at some point in the future. This is their future. They have already spent a lifetime working. Maybe they worked at a job that did not pay well and thus their Social Security benefits are low. Some were housewives who did not work and are living off their husband's survivor benefits. Some held great jobs and were highly successful, but a catastrophic life event such as a serious illness or accident, or having to care for a loved one who became seriously ill or injured, interrupted their trajectory and pulled them down to a level of bare survival. For all of them, what they are receiving in benefits right now is all they will have for the rest of

their lives. It will go up a few percentage points for cost of living increases, but it will rarely go up enough to actually pay the cost of living increases they will experience.

Because of limited income, seniors frequently find themselves balancing food with the need for medical care or prescriptions. They also face issues such as lack of transportation or inability to drive any longer, limited or impaired mobility that makes it difficult to use public transportation or to navigate a grocery store, and health issues that make it difficult to shop or cook for themselves. This project is specifically designed to look at the food security of senior citizens of the Carrollton/Farmers Branch area, a northern suburb of the city of Dallas.

The Community

This project was designed to explore the ways senior citizens cope with survival and, in particular, how they achieve food security when they are stretching a small amount of dollars to cover all of their needs. It focuses on two communities that are suburbs of the city of Dallas: Carrollton and Farmers Branch. These are primarily middle-income communities with a mixture of working class and professional occupants. The combined population of the two cities is about 170,000 with about 70% white, 10% Asian, 10% Hispanic and 9% black. About 20% of the residents are over the age of 55 and only about 5% of the population is below the poverty level (cityofcarrollton.com 2017).

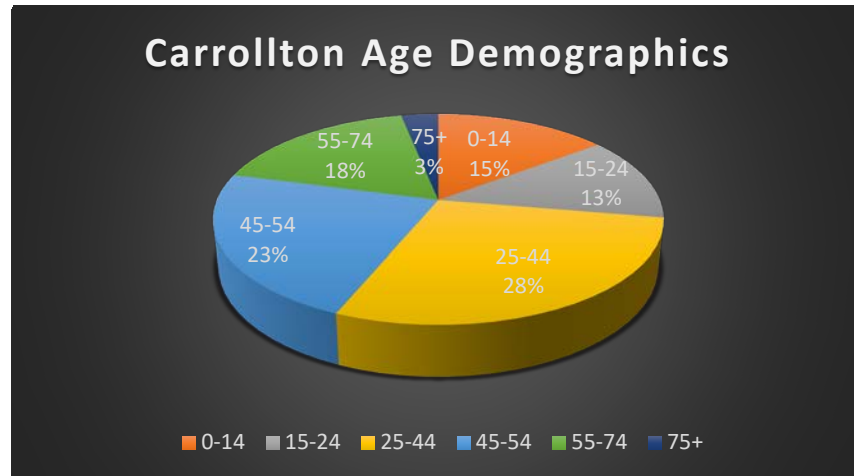


Figure 1. Carrollton age demographics <http://www.cityofcarrollton.com> – 2017

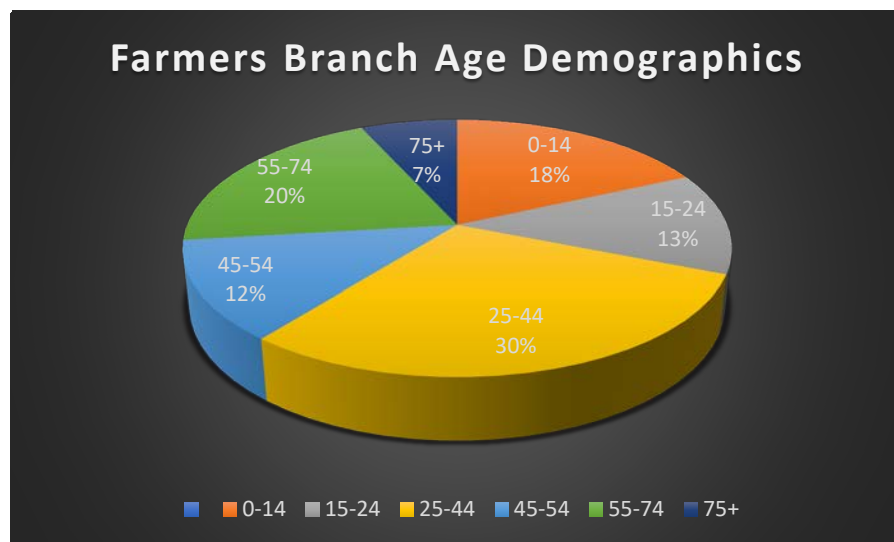


Figure 2. Farmers Branch age demographics <https://www.farmersbranchtx.gov>

Table 1. Household income Carrollton, TX and Farmers Branch, TX

	Carrollton	Farmers Branch
Total Households	45,263	12,108
Less than \$10,000	2.7%	2.5%
\$10,000 to \$14,999	2.7%	3.4%
\$15,000 to \$24,999	6.3%	8.3%
\$25,000 to \$34,999	0.1%	8.8%

(table continues)

	Carrollton	Farmers Branch
\$35,000 to \$49,999	13.6%	14.4%
\$50,000 to \$74,999	20.0%	22.8%
\$75,000 to \$99,999	14.1%	14.1%
\$100,000 to \$149,999	17.6%	14.9%
\$150,000 to \$199,999	7.9%	5.1%
\$200,000 or more	6.2%	5.6%

The Client: Metrocrest Services

Metrocrest Services (referred to as Metrocrest throughout this document) serves the Carrollton and Farmers Branch, Texas areas “assisting families, individuals, and senior adults who are coping with crisis situations, need help stabilizing their lives, or who require support to live independently.” Senior adults, in particular, frequently need assistance in order to live independently. Metrocrest frequently provides this lifeline (Metrocrest.org 2017)

Metrocrest is a non-profit organization funded only 2% by the federal government. Most of their funding comes from private donations, corporate giving, and grants. They operate through the wide use of volunteers and 86% of their resources go to programs and services. They have been operating since 1971 and have offered services specifically for seniors since 1978. They have over 1,000 senior clients currently.



Figure 3. Metrocrest logo

The senior specific programs offered by Metrocrest include a food pantry which is available to anyone who is hungry. There is no income limitation, but there is a limit to the number of times a client can go to the food pantry in a month based on income. The food pantry is set up like a grocery store and clients are able to go through and “shop” for the food items they need or prefer.

Metrocrest offers a hot meal delivery program that is very popular. For \$2 a meal, volunteers deliver hot entrees from a local café directly to an elderly person's door. These are available 5 days a week and seniors can sign up for 1 day a week or up to 5 days a week for delivery. Metrocrest delivered over 9,000 hot meals in 2017.



Figure 4. Hot meals, transportation and food bank

Another senior service is their transportation service. They have several vans as well as private volunteers that pick up elderly or disabled citizens and take them to doctor appointments or senior centers. There is a sliding scale charge based on income with a minimum charge of \$3 and maximum charge of \$10 each way. They only operate within 5 miles of the Carrollton/Farmers Branch service area. A transportation client must schedule their ride a week in advance. Because of the popularity of this service and the high cost to maintain it, Metrocrest is transitioning to providing rides only to doctor appointments.

Metrocrest is a distribution site for the monthly USDA-sponsored People and Nutrition (PAN) box available to seniors who have income of 130% or less of the poverty level (usda.gov, 2018). In conjunction with that delivery, Metrocrest provides a supplemental program known as Eat Smart, Live Strong that provides cheese, meat, bread, fruit or produce, and personal items along with the PAN box.

Finally, Metrocrest has a minor repair/maintenance service that will install handicap grab bars or sidewalk ramps and will do minor yard clean-up, painting and repair work for seniors who are unable to maintain their own homes. The senior must pay for any supplies, but the labor is provided for free.

Project Purpose

For this project, Metrocrest requested a food security assessment of their senior clientele, as well as other residents of the Metrocrest service area. The specific objectives of the project were: 1) to determine what mix of formal and informal services senior citizens in this geographic area use to survive, 2) to assess seniors' awareness of the programs offered by the client and how to access them, and 3) to discover barriers to accessing needed resources. The overall purpose was to present the client with a needs assessment of the senior community in their service area who struggle with access to food and an evaluation of the current programs provided. This information will assist Metrocrest in designing and adapting existing programs and will provide useful information for developing new programs to better serve the senior clientele in the community.

CHAPTER 2

LITERATURE REVIEW AND THEORY

Although aging is a universal occurrence, everyone will travel their own life course. We all get older every day, and we all will eventually be at the end of our lives. What the actual definition of aging should be is a subject of much discussion. Aging is defined as the “process of growing old” (Dictionary.com 2018). That process actually begins the day we are born which makes that definition a bit nebulous. However, defining elderly is even more difficult. Merriam-Webster defines elderly as “rather old; *especially*: being past middle age” (Merriam-Webster.com 2018). Dictionary.com defines elderly as “of advanced age; old” (Dictionary.com 2018). Neither of these definitions is very descriptive. Sharon Kaufman asserts that the self is ageless (The Ageless Self 1986), and Neugarten (Personality and Aging 1977) further asserts that without culture to define what elderly means it would simply be an “empty variable” (Perkinson and Solimeo 2013,104). Buch contends that “national pension schemes have imposed numerical definitions of old age, altering the significance of bodily senescence” (Buch 2015, 281). This is true globally where pension schemes set an age when citizens are universally considered elderly and therefore eligible for the social benefits. Regardless of the definition, at some point individuals achieve a number of years that statistically puts them on the high side of survival rates. As a person who is already on the “high side,” I define elderly as the point where a person needs assistance with day to day activities in order to continue to live independently. This definition may make someone elderly at the age of 50 or it could be at the age of 100. Much of that determination depends on our genetics, our lifestyle, our health, and our financial

status. For the purpose of this study, I used the criteria of anyone over the age of 60 based on the criteria set by Metrocrest to define “seniors”.

In addition to the many research studies conducted concerning aging and the elderly, as well as food security and the elderly (discussed below), there are at least two associations that address these issues. The American Anthropological Association supports a special interest group known as Anthropology of Aging and Life Course. The aim of this group is to study “generational exchange and kinship, household and community formations, symbolic representations of the life course, and attitudes toward disability and death” (AmericanAnthro.org). However, there is very little content on their website. There is also the Association for Anthropology, Gerontology and the Life Course (AAGE) organization, which is “an international network of anthropologists, sociologists, and other scientists working on issues of aging and the life course globally and cross-culturally” (AnthropologyandGerontology.com). This group publishes the Journal of Anthropology and Aging, participates in both the AAA and SfAA conferences each year, and are “directly involved in influencing policies and engaging in advocacy activities to protect and enhance the roles for older people in society.” (AnthropologyandGerontology.com)

This current research is specifically concerned with food security among senior citizens, so I researched and reviewed the literature regarding this specific subject. The National Council on Aging is a non-profit group whose goal is to “improve the lives of millions of older adults (NCOA.org). According to NCOA, 2.9 million households with an elderly resident were food insecure in 2015 (NCOA.org). Food insecurity is broadly defined as the inability to obtain not just enough food, but also food that is nutritionally

adequate and culturally desirable. According to Feeding America, the percent of seniors experiencing some form of food insecurity has increased by 53% since 2001 and this number is expected to increase another 50% between now and 2025 when the youngest of the baby boom generation reaches age 60 (Feedingamerica.org). Feeding America also contends that only 42% of seniors eligible for SNAP benefits have applied. While a number of food security organizations extol the benefits of SNAP for senior citizens, I found in my own research that only those making less than the poverty level were receiving any kind of significant benefit. All those just above the poverty level were receiving only \$15 a month which is not a meaningful contribution towards food security of these senior citizens. This finding was also mentioned by Gaultieri and Donley (2015) who claim that “two-thirds of the United States’ senior population experienced food insecurity while living above the poverty line.” It frequently looks as if those just at or below the poverty line are more food secure than those just above the poverty level because they qualify for more assistance benefits.

Vulnerability

Many of the studies I have read put seniors into one of the most vulnerable categories of people experiencing food insecurity (Woltil 2012, Wright et al 2015, Leatherman 2005, Sharkey 2005, and Mutchler, Li and Xu 2016). Gaultieri and Donley report that most studies find that black or Hispanic seniors are particularly vulnerable as are single senior females. This is attributed to a history of low-paying jobs, females who have taken time off from work to serve as care-givers to their families, or widows living on survivor benefits. There is an increasing trend of grandparents raising a grandchild

and this also contributes significantly to food insecurity. Other risk factors include physical disability, poor health, transportation issues, paperwork requirements, and lack of knowledge of programs available (Gualtieri and Donley 2015). Below is a chart taken from Joseph Sharkey's essay titled "Longitudinal Examination of Homebound Older Adults Who Experience Heightened Food Insufficiency: Effect of Diabetes Status and Implications for Service Provision". Figure 5 illustrates the factors contributing to the vulnerability of a group (Sharkey 2005, 774).

Fundamental Factors	Intermediate Factors	Proximate Factors	Outcome
Population Characteristics <ul style="list-style-type: none"> • Gender • Race • Age • Education • Marital Status • Residence 	Out of Pocket Medical Expenses (expected and unexpected)	Adequacy of Economic Resources	Healthful Eating
Economic Factors <ul style="list-style-type: none"> • Income • Drug coverage • Food assistance programs 			
Health-Related Factors <ul style="list-style-type: none"> • Medical conditions • Prescription medication use 	Other Expenses (unexpected and expected)	Level of Food Sufficiency	

Figure 5. Factors of vulnerability to food insecurity: Influence of individuals' economic context on healthful eating.

One of the vulnerable groups frequently identified in the literature of aging and food security are those older adults who suffer from diabetes. Over 50% of the 18

seniors interviewed for this thesis suffered from diabetes along with a range of other health issues. Diabetes is particularly problematic for seniors who fall into the more vulnerable groups (women, Black or Hispanic, very low income or homebound individuals) and research shows that they are “disproportionately affected by diabetes” (Sharkey 2005). Diabetes treatment typically includes very specific dietary requirements along with prescription medications. Sharkey found that “dietary adherence may be particularly difficult” for older adults with diabetes. The high demands of a specific, nutritious diet competing with the need for medications and the costs of daily living placed a significant burden on these elderly adults. The findings indicated that this sub-group of seniors became more food insecure as time went by, and there was a strong correlation between food insufficiency and poor diet quality (Sharkey. 2005).

Adequacy of Research

Two studies reviewed the adequacy of research design used by federally-funded programs and even by some non-profit programs (Gualtieri and Donley 2015; Frongilio, et al 2003) and suggested more robust methods should be used in looking at senior food insecurity, its causes and potential solutions. Gaultieri used semi-structured interviews with seniors in her research, but as a courtesy to the agency with which she was working included the current federal assessment tool. The federal assessment tool consists of 10 questions that deal with food security and whether the elderly person had enough money to purchase the food they need. All 10 questions are specifically tied to finances, timing of receipt of their check and timing of the ebb and flow of their food

supply. Gaultieri found that although finances do contribute to food insecurity that there were numerous other issues that played a significant role. These included subjects mentioned above such as transportation and physical disabilities. Gaultieri found that seniors were frequently dependent on someone else to drive them to the grocery store and worried more about whether the person they depended on would show up to drive them rather than worrying about having enough money. I found this to be a frequent comment with the individuals I interviewed as well. Gaultieri found that the federal assessment questions were so focused on a lack of finances that they only scratched the surface of the issues that caused seniors to be food insecure (Gaultieri 2015).

Alternatively, Frongilio et al. propose what they call a “concurrent events approach” to understanding how “functional impairments, health problems, and lack of social support have significant relations with food insecurity” (2003, 25) among the elderly. Their methods started with a face-to-face in-depth interview with 53 men and women in upstate New York. From those 53 interviews, they selected 9 participants who agreed to subsequent weekly phone interviews for four months. They found that much of what was learned in the face-to-face interviews was actually refuted during these weekly calls. Follow-up questions were developed each week to learn more about developing issues. In particular they found that seniors who would mention in the initial interview that they received regular help from family really did not receive regular help and had to come up with alternative coping strategies to obtain their food. It also gave the interviewers a better understanding of the “monthly cycle of food insecurity” and gave a clearer picture of how an unusual event (such as Christmas in the case of the Frongilio project) could have a significant impact on a senior’s food security. Their

finding was that the use of these relatively short and easy phone interviews allowed them to learn a lot more regarding the reality of food insecurity and how seniors cope (Frongilio et al 2003). The study reinforces the importance of qualitative methods – getting to know people – in order to garner more insightful knowledge.

In measuring food insecurity, it has been determined that there are fairly common stages to the process of a household moving through increasing stress and into frequently used coping strategies to deal with those stresses. This series of stages includes “worrying about food, the inability to consume preferred foods, consuming smaller or fewer meals, going to bed hungry, or skipping entire days of eating, followed by the frequency of the occurrence” (Hadley and Crooks 2012, 74). Hadley and Crooks contend that this knowledge of consistency with respect to food insecurity can be used to help develop more adequate measurement scales which can be adapted to local circumstances (2012).

Social Programs

Numerous social programs are available to senior adults to help them achieve and maintain food security. Many of these programs have already been mentioned as being offered by Metrocrest. However, the literature regarding seniors frequently refers to these programs and the impacts they have on the senior population. One of the first programs mentioned in conjunction with food security is SNAP – formerly known as food stamps. Several of the articles reviewed discuss the low participation rate of seniors as a whole in the SNAP program (Gaultieri 2016; Oemichen & Smith 2016; Sharkey 2005). Many of the seniors I interviewed did receive SNAP benefits but the

amount per month was very low if the seniors had income even slightly above the poverty level. In addition, the paperwork required to renew SNAP benefits annually was time consuming and intimidating. A final objection to SNAP benefits is that, of all the services available to seniors, it seems that SNAP benefits are most likely to be considered an entitlement that makes the senior uncomfortable (Treger 2012).

Oemichen and Smith confirm this finding (2016), stating that some of the seniors they interviewed expressed a negative stigma attached to SNAP and disapproved of its use because it was considered a “welfare program” (Oemichen and Smith 2016).

Another program sponsored by the federal government (US Department of Agriculture) is the Commodity Supplemental Food Program also known as People and Nutrition (PAN). This is a food box delivered to seniors on a monthly basis that includes “canned fruits, vegetables, rice, pasta, cereal, canned meats, and evaporated milk” (Abusabha et al 2011, 2). This program is supplemented by state funds, but at a national level is “in constant jeopardy of being eliminated” (Abusabha et al 2011, 2). Seniors must apply and qualify financially at 130% or less of poverty level to receive the PAN box. The box is delivered at a designated location one time a month. If the senior adult does not pick up their box for three months in a row, they are removed from the list and must reapply. Picking up the box requires that the senior have transportation to the delivery site. Many seniors I interviewed said they had quit getting the box because it frequently included items they would never use and it was too much for them to consume in a reasonable amount of time. For example, a large bag of rice might last the senior living alone for several months but they received one every month in their

PAN box. They would sometimes give away their excess food, but often said that they had given away so much that they did not have anyone now to take their excess.

Abusabha et al. (2011) researched the effectiveness of the PAN box compared to SNAP benefits. They compared two groups which were both living in subsidized housing so were similar in income level. One group was receiving the PAN box every month while the other group was not. After interviewing each of the groups, they further segmented the groups into those receiving PAN, those receiving SNAP, those receiving both and those receiving neither. Their research indicated the seniors receiving the PAN box were less likely to utilize other social services such as SNAP or hot meal delivery. However, they also found no significant difference in food security among all four groups. The main indicators of food security versus insecurity were determined to be relative health and age. Those self-reporting relatively good health were more food secure. Surprisingly, older seniors also reported being more food secure than younger seniors. Although there was little difference between any of the groups, it was also noted that over 25% of the seniors receiving both SNAP and PAN still reported being food insecure. The report's conclusion was that PAN delivered once a month could deliver food security on the same level as SNAP benefits (Abusabha et al 2011).

Home delivered meals are yet another senior specific assistance program. Home delivered meals is one of the programs included in the Older Americans Act that is aimed at improving the nutrition of senior citizens so that they might remain healthier and remain in their own homes. Meals on Wheels is the oldest organization that provides this important service, but many other community service organizations also locally deliver meals to seniors. Meals on Wheels is another program that struggles

from year to year to retain federal funding with it being mentioned recently as one of the programs that might suffer from cuts imposed by the Trump administration due to the proposed elimination of the Community Development Block Grant and reductions in the Department of Health and Human Services budget (NPR.org 2017).

A study of home delivered meals was conducted in 2015 by Wright et al. to determine the effectiveness of the program. Their participants were selected from seniors enrolling in a Meals on Wheels program in Florida over a four-month period. Seniors were assessed for their food security and emotional well-being when they enrolled in the program. They were assessed again with the same questionnaire after receiving meals for two months. This research project determined that 51% of the recipients of home delivered meals saw an improvement in their food security which was determined to be statistically significant. In addition, 66% of participants reported increased calorie and protein consumption. Finally, the results of questions taken from the World Health Organization Loneliness scale showed a significant improvement in emotional well-being. Overall, these results show that the home delivered meal program delivers valuable support for seniors from both a nutrition and emotional well-being standpoint (Wright et al 2015).

There are several other federally funded senior food assistance programs including the Emergency Food Assistance Program and the Senior Farmers' Market Nutrition program. The Emergency Food Assistance Program helps fund local food pantries and soup kitchens. The Senior Farmers' Market Nutrition program allows SNAP benefits to be used at roadside fruit or vegetable stands or at farmers markets for fresh produce (NCOA 2010). My own research showed that food pantries are certainly

the lifeblood of food assistance for many seniors, although they have their own set of problems. I found very little literature investigating food pantries specifically in the context of their importance in supporting senior citizens. Conversely, there are numerous articles regarding the benefits of Farmers' Markets in providing fresh produce to seniors. The Senior Farmers Market Nutrition Program (SFMNP) is a program funded by USDA directly to various states. Although Texas is a participant, there is very little utilization of the program within the state. In other states, it appears to be well utilized and beneficial in providing fresh fruits and vegetables to the elderly. The program requires that a farmer sign up to accept the coupons and that the elderly apply for the coupons. Qualification for the elderly is 185% of poverty level. A study of SFMNP in South Carolina showed that fresh fruit and vegetable consumption among seniors increased from 4% to 14% and that the revenue of the farmers' market increased from \$937 to \$3,234 during the study period as a result of accepting the SFMNP coupons (Wilson 2017, 236). This is potentially something that could be investigated in the Metrocrest service area as an additional benefit to its senior clientele.

Theory

There is much literature discussing the theory associated with food, food security among vulnerable groups, and food security among seniors, in particular (Abusabha et al 2011; Gualtieri and Donley 2016; Green-Lapierre et al. 2012; Leatherman 2005; Mintz and DuBois 2001; Mutchler, Li and Xu 2017; Oemichen and Smith 2016; Sharkey 2005; Woltil 2012). Mintz and DuBois, in their article, "The Anthropology of Food and

Eating” look extensively at the theoretical meanings of food and eating. They state in their paper:

...food systems have been used to illuminate broad societal processes such as political-economic value-creation (Mintz 1985), symbolic value-creation (Munn 1986), and the social construction of memory (Sutton 2001). Food studies have been a vital arena in which to debate the relative merits of cultural materialism vs. structuralist or symbolic explanations for human behavior (M. Harris 1998 [1985]; Simmons 1994, 1998; Gade 1999). (Mintz & DuBois 2002, 100).

In addition, Mintz and DuBois look at the importance of gender and political economy as it relates to food. They claim that we must be cognizant of the “pervasive role of food in human life. Next to breathing, eating is perhaps the most essential of all human activities and one with which much of social life is entwined” (2002, 102).

Hadley and Crooks discuss the expanded interest in food security that began to take form in the 1990s. They look at issues such as the relative food security of both urban and rural populations, how environmental changes are impacting food security, and human adaptability and coping mechanisms used in response to increasing food insecurity. They recommend that anthropologists view food insecurity “not as a static outcome but as a ‘managed process’ that may play out in unique ways in different settings” (2012, 73). According to their research, food security for all groups rests on “four pillars: food availability, access, utilization, and stability” (Hadley and Crooks 2012, 73). Food availability and access seem to be the two pillars that have the most impact on the senior population as informed by the Metrocrest research.

Another interesting theoretical framework used in the discussion of food security is political-ecology. This framework links political economy theory with ecological anthropology by providing perspectives on humans’ interaction with their environment which can also be influenced by power and inequality (Leatherman 2005). Leatherman

borrowed a concept from Watts and Bohle that defines a “space of vulnerability.” This is the “intersection of poverty, hunger, nutrition, and health” (2005, 51). This space of vulnerability can affect how a person perceives their environment, poverty and health, as well as their sense of control and opportunity. This space of vulnerability also guides their ability to adapt and cope with their unique situation although the coping methods may be limited by the economic conditions and the environment in which they live. Leatherman goes on to remind us that structure and agency are central to both political economy and political ecology and are useful lenses for examining the experiences of a vulnerable group. He also argues that food insecurity and health issues are not just “symptoms of poverty, but also catalysts” (Leatherman 2005, 54).

Political economy is the most frequently mentioned theoretical framework for the study of the aging process. This theory of aging is specifically addressed by Alan Walker wherein he highlights the criticisms that have been leveled at that theory over the years (2005). The failure to recognize the role gender plays in the experience of aging, as well as recognizing how race and ethnicity can influence the life trajectory, are common complaints. A major precept of the political economy theory is the importance of accumulation of resources and the rights to resources for every individual (Walker 2005). Many seniors are at a point in their lives where they cannot accumulate any further resources and what they had accumulated has been used up by unforeseen events such as helping a parent, a child or experiencing a personal health crisis. They lose their agency in the way they can respond, and they become dependent on the state to take care of them.

Minkler expands on these themes in her essay regarding what she terms “critical gerontology” (Minkler 1996, 468). She raises the same criticisms as detailed above by Walker on how gender, social class and race can shape the experience of old age. She suggests that it is important in the study of gerontology “not just to understand the social construction of ageing but to change it” (Minkler 1996, 468). She quotes John Myles’s statement (1983) that “politics, not demography, determines how old age is defined and approached in a society” (Minkler 1996, 470). She suggests that empowerment of the elderly could be a way to give them back some control over their own lives to achieve or maintain independence and a sense of meaning. “Enabling elders to play a far greater role in determining the policies and the programmes that affect them” could prove to be very beneficial (Minkler 1996, 477).

The discussion of social welfare also supports the political economy framework. Because of an aging population, the largest group of recipients of welfare on a worldwide basis is the elderly. Thus, pension systems, medical care for the aged and long-term care costs are major concerns as nations look for ways to fund the ever-increasing financial burden of this large group. To sustain these welfare systems requires either increased taxes or reduced benefits, neither of which are viable solutions. Because of the global nature of the issues, there is a need for an international political economy response (Walker. 2005). Some of the issues that must be considered, according to Walker, are the establishment of safety nets for those in the greatest need, the failure to include older people in development efforts that often consider them impediments, the recognition of age discrimination that is prevalent in

many societies, and addressing the myth of family support for their older members (2005).

The political economy of aging can be expanded upon by looking at how our capitalist society is so closely tied to the labor market and modes of production. Lynott and Lynott (1996) remind us that Social Security was created in the 1930's during the depression – not so much to assist the elderly, but to free up jobs in the market for younger, more productive workers. To avoid creating a whole class of “disenfranchised members of society.” Social Security was framed as a compassionate public assistance program for the elderly (Lynott and Lynott 1996, 755). Medicare and Medicaid fall within this same category. It is meant as assistance for those in our society who are in the greatest need, but it is seen as a source of wealth to those providing the services. The result is a class of citizens who are almost totally reliant on the state and a social services sector that is fraught with problems of funding and fraud.

Bourdieu and his theory of social capital is another frequently-mentioned theory in the study of food insecurity. Bourdieu's theory emphasizes the importance of “the collective resources of groups that can be drawn upon by individual group members for procuring benefits and services in the absence of ... their own economic capital” (Carpiano 2005, 166). Bourdieu's work looks at class and inequality as socially reproduced. He outlines the need to procure or build up economic capital, cultural capital and social capital over the life course. It makes us look not only at our social networks but also at the individual's ability to draw upon that network. A negative aspect of social capital is an individual's potential inability to obtain or draw upon social capital. Although Bourdieu's theory is not particularly geographically defined, others

have expanded on his theory to recognize it at work in neighborhoods or communities. Bourdieu emphasizes the “importance of being connected to networks that possess resources” (Carpiano 2005, 170).

A very interesting article dealing with social capital was written by Silverstein, Gans and Yang (2006). They delve into the issue of social support provided to parents by children and how parents frequently rely on children to care for them when they become unable to care for themselves through physical, mental or economic challenges of aging. Their research deals with the “filial norms as an aspect of social capital that resides in family relationships” (Silverstein Gans and Yang 2006,1069). This theory is specifically attributed to Bourdieu, 1983, as well as Coleman, 1988 and Furstenberg and Kaplan 2004.

Current debate about the decline of the American family requires a closer look at the social capital framework to determine whether family members are willing or able to serve as resources to each other. Can they be considered “latent resources that can be activated at times of need” (Silverstein, Gans, and Yang 2006, 1070)? Silverstein, Gans, and Yang’s research is based on the notion that adult daughters are the “most prolific providers of support to aging parents” and that “mothers (are) more likely to engage in behaviors that ... build social capital” (Silverstein Gans and Yang 2006, 1071). They launched their study using data from the Longitudinal Study of Generations (LSOG) that began in 1971 as a mailed survey of people who were members of one of California’s large health maintenance organizations. Data was collected every 3 years up to 2000 with an average response rate of about 80% between waves. Questions were developed to look at ways in which people helped

their parents, how often, and what types of assistance was provided as well as investigating feelings of responsibility to provide assistance. About 500 adult children responded to this questionnaire and of that number, 442 reported concerning their mother while 285 responded concerning a father. They found that the average support “provided to mothers was consistently higher than that provided to father – about 50% higher” (Silverstein Gan and Yang 2006, 1075).

The conclusion gained from this research was that there is, indeed, still a latent feeling of family responsibility which is developed through parents investing in establishing social capital with their children. Children may not help until both “push factors (norms held by children) and pull factors (need of parent) operate synergistically to stimulate a surge in supportive behavior from children” (Silverstein Gans and Yang 2006, 1080). Other findings were that mothers appeared to invest more in earning social capital than fathers and that daughters provided an overall better standard of care which indicated social capital invested in daughters is more valuable than that invested in sons (Silverstein Gans and Yang 2006).

Other theories mentioned in connection with aging include Bronfenbrenner's Ecological Systems Theory (Green-LaPierre et al. 2012), social ecology and living systems theory (Bailey 1998), cultural materialism (Mintz and DuBois 2001), feminist theory (Minkler 1996; Lynott and Lynott 1996; Green-LaPierre et al 2012), psychological anthropology (Perkinson 2013), and Foucault's theory of power and knowledge (Buch 2015; Lynott and Lynott 1996). These numerous theories demonstrate that the subject of aging has many facets and can be explained in many different ways . One thing is evident throughout the literature on aging: it is a subject that will continue to gain more

attention as the population of elderly continues to grow and the challenges of funding social welfare systems continues to be a pressing issue. Regardless of the amount of research done, the topic of seniors and food security can be difficult. Hopefully continued research will help us understand the drastically varying needs of this cohort of people and do what we can to help maintain identity and personhood (Perkinson and Solimeo 2013) as well as life meaning into our final years.

CHAPTER 3

METHODOLOGY

This research project was designed using anthropological methods of participant observation, semi-structured interviews, and a questionnaire. The semi-structured interview was with two subsets of seniors in the Carrollton/Farmers Branch area. The questionnaire was developed from interview results and distributed only to Metrocrest senior clients. The overall research population was the seniors (people over 60 years of age) in the Metrocrest Services service area. The two subsets of this population included: 1) seniors who use Metrocrest food programs, and 2) seniors who do not use Metrocrest food programs. The project was reviewed and approved by the University of North Texas Institutional Review Board. All participants were presented with and signed informed consent forms.

Participant Observation

Stage 1 of the process was participant observation. I identified senior centers and outreach programs (both Metrocrest programs and other provider programs) within the Metrocrest service area. As programs were identified, I used participant observation methods in order to understand how seniors experience the program delivery. The purpose of these observations was to understand the range of survival strategies employed by seniors, the range of senior assistance programs offered, identify food specific programs, and to build rapport with the senior population. Experiencing a variety of program delivery types and from a variety of organizations provided information about what works well and what needs to be improved..

I started by finding participant observation opportunities at Metrocrest Services. I was already a volunteer at Metrocrest in their food pantry, but I had started volunteering prior to the time they required volunteer training. Therefore, I went through volunteer training in order to understand how volunteers are introduced to Metrocrest and expectations of volunteers as they assist in delivering Metrocrest services. It was interesting to find a number of high school students with their parents participating in the volunteer training I attended. They were volunteering to gain public service hours for their college applications and a parent was generally volunteering along with them for a shared experience. There were also a number of housewives and retired persons who were new volunteers.

After volunteer training, I proceeded to establish participant observation opportunities with each of the senior programs offered by Metrocrest. I started by attending PAN delivery day which is the second Friday of each month. This is the day that the USDA box is delivered to those seniors who have signed up to obtain their boxes from Metrocrest. In addition, the Metrocrest's Eat Smart, Live Strong program provides additional items such as a meat, fruits and/or vegetables, bread and personal items that accompany the PAN box. I volunteered on PAN days August through December.

PAN delivery is staffed by about four volunteers including someone who checks in the people picking up their box and marking them off the list. Then another volunteer guides them through the food bank and tells them what additional items are available to them that day. These items are all loaded onto a shopping cart and the volunteer helps the senior out to their car with the box and additional items. PAN customers are

brought back to the pantry one at a time and there are usually only two customers in the pantry at one time since it is a relatively small space. The same volunteers staffed these deliveries all five months that I attended.

There was usually something different offered or presented to the customers every month. For example, in August, there were portable fans available to PAN customers who needed one in order to stay cool (one per household). In November, the PAN customers could sign up to receive the special Thanksgiving food if they had not already done so. I was able to hand out my recruitment flyers and later in the project, my survey questionnaires to the PAN customers who came through the pantry.

I found that the most productive part of PAN days was visiting with customers who were waiting in the lobby. The doors opened at 8 am and many of the senior customers arrived right at 8 am to line up. They received a number based on when they arrived and that was how they were called back to receive their box. I was able to sit in the lobby and visit with several of the clients about their perception of the PAN box and the food pantry. I also helped several clients complete the questionnaire later in the project who were not comfortable enough with English to understand the questions. This became a good source of information because there was frequently a son or daughter with the elderly person who would provide additional insight. The seniors and their families were always interested in the project. I frequently found that the seniors were hesitant to express any dissatisfaction with the program but the child would say, “but Mom, what about that volunteer who kept insisting you take cucumbers even though you don’t like them.” Those comments would sometimes entice the senior client

to go ahead and elaborate on the problem. I could encourage them to let me know the problems so we could work to get them fixed.

My second participant observation activity was riding along in the bus for the transportation service. This involved leaving the Metrocrest parking lot at 7:15 in the morning. We proceeded to pick up and deliver 8 seniors between 7:30 and 1 pm. Most were going to or coming from doctor's appointments, but some were also going to the Carrollton Senior Center and we picked up one lady at her church and took her home. Because the transportation is in such demand, I understand that Metrocrest will gradually discontinue taking people to senior centers and will only provide doctor appointment transport. They currently will not sign up any new transportation clients for anything other than transport to doctor appointments, but will continue to transport long-term clients as they have in the past, including to senior centers.

The driver I rode along with was commenting on how she thought it was really a shame that they would be ending transport to the senior centers because she had seen several elderly people who seemed very quiet and depressed when she first started driving them and after a few weeks of attending senior center activities regularly they seemed to perk up and become much more social. She felt that the social interaction they received at the senior centers was just as important as a doctor's appointment. Without the transportation service, most of them will be unable to go because there are few transportation options for these seniors.

It was also interesting to see who we were picking up. A couple of older ladies lived in very nice houses with their children but did not have transportation to the senior center. One man we picked up from the doctor's office appeared to be only in his early

60's and seemed to be pretty mobile, so I was curious as to why he was not driving. He also lived in a well-maintained house. I did not ask any of them why they needed transport but rather just observed and engaged in cordial conversation.

My third participant observation activity was to accompany the senior intake social worker one morning to visit with a couple of potential new clients. The first was a lady living in a well-maintained house in a middle-class neighborhood with her daughter. The daughter was working and could not drive her mother anywhere during the day. Because of this, the mother signed up for transportation to doctor visits. A stark contrast was the visit with the second person who was a lady in her late 60's living in a motel with her son and his girlfriend who were both in their 40's. The motel was set up as a weekly rental and the small double room included a full-size refrigerator and a stove along with two double beds, a small table and two chairs. It was a very crowded space which created an uncomfortable living situation according to the senior. In addition, the lady was on a walker and the elevator had been broken for several days so she could not leave the second story room. She told the social worker that she hoped to be there only temporarily. Her mother was also in a Medicaid nursing home here in the area. This lady was applying for the food pantry and the PAN box. Three generations of one family were surviving by utilizing social services.

My fourth participant observation activity involved a visit to a church food pantry in the service area to see how it compared to the Metrocrest Services pantry. I found that it was open only 3 hours for two days a week and had mostly emergency foods for anyone who came in claiming to be hungry. Foods included canned meats and vegetables, noodle and rice packages along with some household items including toilet

paper and paper towels. There were no fresh vegetables or refrigerated foods of any kind. The pantry was stocked through donations made by church members and is staffed by church member volunteers. They claim to have some regular customers who live in senior living apartment complexes close by, and they frequently have drop-ins who come in one time and never return.

Finally, I also joined two senior centers in the area and went in several times for lunch and learn events or just to get coffee in the mornings. I was ultimately able to use these locations for recruitment of non-Metrocrest clients for interviews. Throughout the project I probably spent 30 to 40 hours in participant observation and found that it was very beneficial to the project.

Interviews

Personal interviews were conducted with two sub-sets of seniors in the Metrocrest service area, as well as staff and volunteers of local senior services organizations. First, 10 semi-structured interviews were conducted with seniors who were currently participating in Metrocrest's food programs. Participants were recruited by placing flyers in the transportation vans, included with hot meal deliveries, handed out on PAN days, handed to senior food pantry clients and delivered to new clients by the intake social worker. About half of the participants were the result of flyers placed with hot meals. The balance were clients suggested by various social workers at Metrocrest who had elderly clients they thought would participate.

All of the Metrocrest client interviews took place in each client's home. These participants were asked questions related to: 1) basic demographic information such as

age, gender, living and family situation, and financial status; 2) their health, mobility and activity levels; and 3) the nature and extent of their communication and support networks and 4) how they experienced food insecurity and how they came to be Metrocrest clients. The semi-structured interview was designed using examples from Gaultieri and Donley's work, "Senior Hunger: The Importance of Quality Assessment Tools in Determining Need" (2015). Their work refers to the questions from the federal assessment of senior food security along with questions they created to give more depth to the information obtained. I also referred to work by Oemichen and Smith (2016) who listed a variety of the questions they had asked in their research for assistance in designing questions for a food security assessment. Using both of these examples, along with specific questions posed by Metrocrest, I designed open-ended questions that would provide data on the effectiveness and perception of the Metrocrest senior food programs and would give information regarding not just hunger status, but an idea of food security.

Second, 8 semi-structured interviews were conducted with seniors who were not currently participating in Metrocrest's food programs, but struggled with access to food. These participants were much more difficult to recruit. I had originally hoped to recruit 10 of these seniors to compare to the Metrocrest group but reached a point where it was more and more difficult to recruit people, and I was really not learning any new information from the seniors I had interviewed. Therefore, when I reached 8 interviews, I decided to end the interview stage of the project. To recruit this group, I posted flyers at both the Farmers Branch and Carrollton Senior Centers. I obtained two participants from each center based on the flyers. I set up a table in the Carrollton Senior Center

one day to personally recruit participants. I also attended information sessions sponsored by Metrocrest that were presented at two senior living facilities, one in Farmers Branch and one in Carrollton. I handed out my flyers at each of those centers and ended up recruiting another 4 participants as a result.

Interviews with non-Metrocrest clients took place at either the Carrollton or Farmers Branch Senior Center or in the participant's home. This group of participants was asked the same demographic, general health, mobility and activity level, and eating habits questions as the Metrocrest clients. I asked about their knowledge of food assistance programs (in particular Metrocrest's), where they would look for help if they found themselves in need, and what would encourage them or prevent them from accessing assistance programs. These interviews turned out to be a bit less structured than those with Metrocrest clients because the experiences of the members of this group, coping mechanisms in particular, were more diverse than those of the Metrocrest group.

Third, 4 semi-structured interviews were conducted with staff and volunteers who work with seniors. This group included Metrocrest social workers and two senior center directors. Senior workers were asked to describe their role within their organization, how they interact with the senior community and how often, what they perceive as the biggest needs among this group and what they see as barriers to access for the seniors they encounter. The two Metrocrest social workers were very informative. However, I found that the senior center directors were not particularly in touch with their membership. They were more focused on activities and not aware of specific seniors within their membership who might be suffering from food insecurity.

Survey

Based on responses from the interviews, and in conjunction with Metrocrest senior case workers, I designed a survey that was to be delivered to the research population of seniors in the Metrocrest service area. The purpose of this survey was to broaden the sampling of seniors in the service area, and to help triangulate and reinforce data obtained through interviews. The original direction from Metrocrest management was to distribute the questionnaire online or in paper form. However, I found that Metrocrest did not have e-mails for their senior clients because the majority of them do not have a computer nor internet access. We were able to post the questionnaire on the Metrocrest website but not a single user clicked on it to complete. The paper questionnaires were distributed at the food bank, at the monthly PAN day, by the Metrocrest transportation drivers, with hot meals and at presentations made monthly by Metrocrest staff to local senior centers. Approximately 60 questionnaires were distributed and only 7 were returned. With the inability to deliver the questionnaire online and the low response rate, the questionnaire results do not provide valid representative responses. However, it did show a breakdown of communication within Metrocrest. Management had told me that the surveys could be sent out via e-mail to senior clients, but case workers knew this was not the case.

Instead of survey data, I collected data from local, state and national sources regarding the senior population including demographics, programs and utilization of programs. This secondary data was gathered to determine trends in this area and helped reinforce or refute the information gathered in interviews and the survey.

Data Analysis

Finally, all of the information gathered was analyzed. Interviews were recorded, transcribed and coded. Analysis of the interviews and field notes was done using grounded theory and open coding was performed to determine themes. The Metrocrest interviews were coded as a group, the non-Metrocrest interviews were coded as a group and finally, the two groups were compared. I also used the key-word-in-context method and pile sorting techniques to determine important topics in the data. Figure 6 shows the trajectory of this research project.

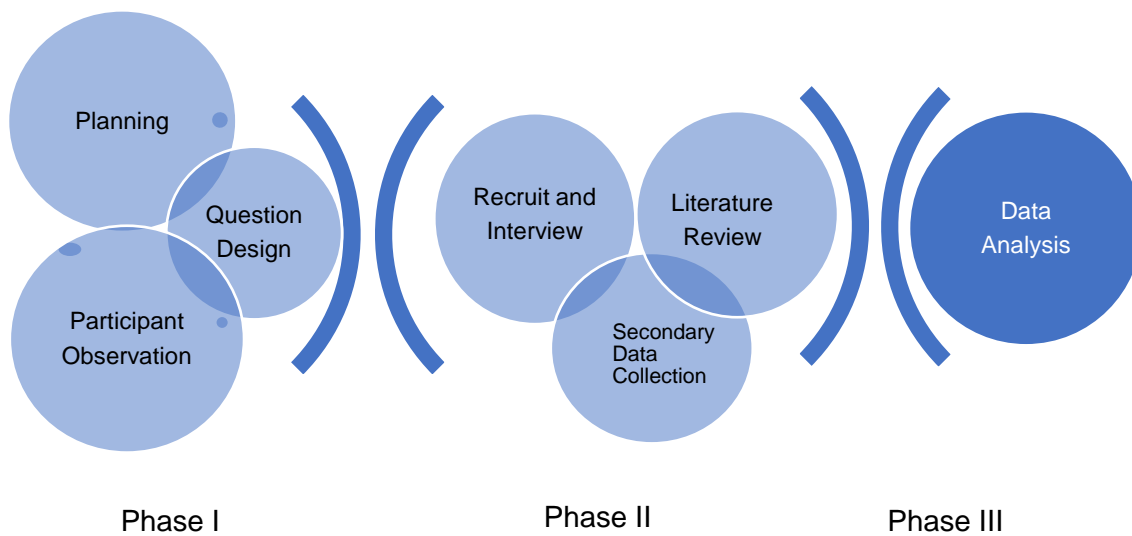


Figure 6. Trajectory of project

CHAPTER 4

FINDINGS

Demographics

Of the two groups, the Metrocrest participants were generally older than the non-Metrocrest group with an average age of 75 versus 68.

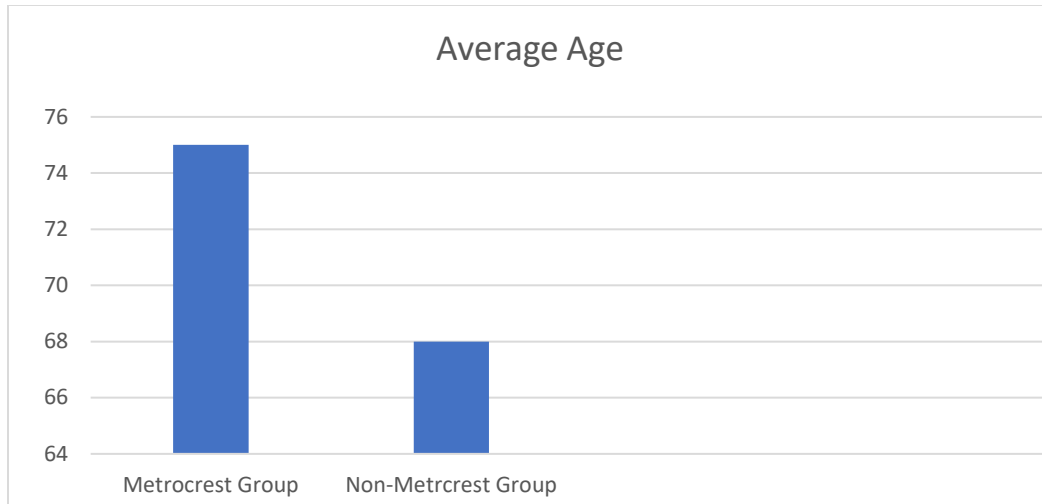


Figure 7. Age comparison of two interview groups

The majority of the research participants from those served by Metrocrest and those not served by Metrocrest were women.

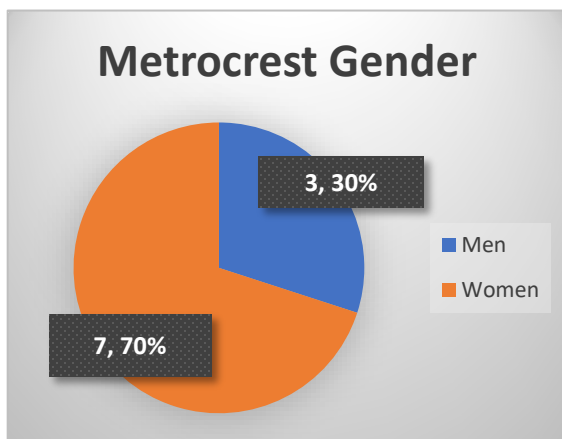


Figure 8. Gender Metrocrest participants (n=10).

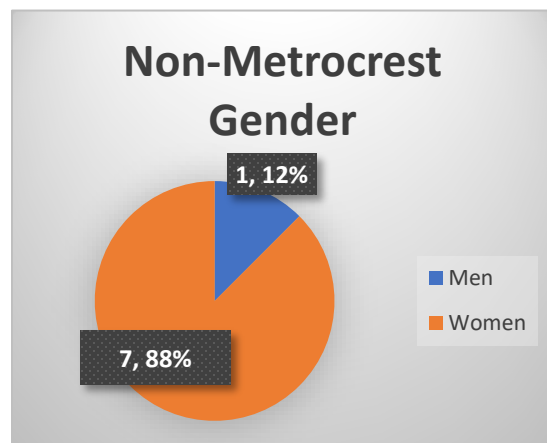


Figure 9. Gender non-Metrocrest participants (n=8).

More of the non-Metrocrest participants were driving compared to the Metrocrest group.

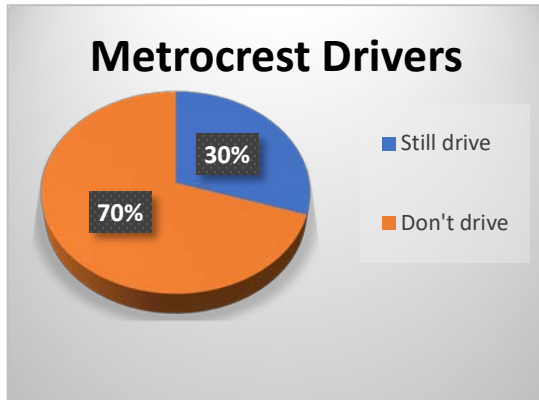


Figure 10. Metrocrest drivers (n=10)

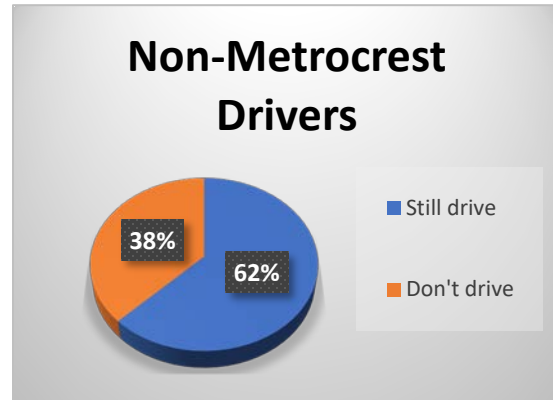


Figure 11. Non-Metrocrest drivers (n=8)

More of the non-Metrocrest group were living with family or a spouse than the Metrocrest group.

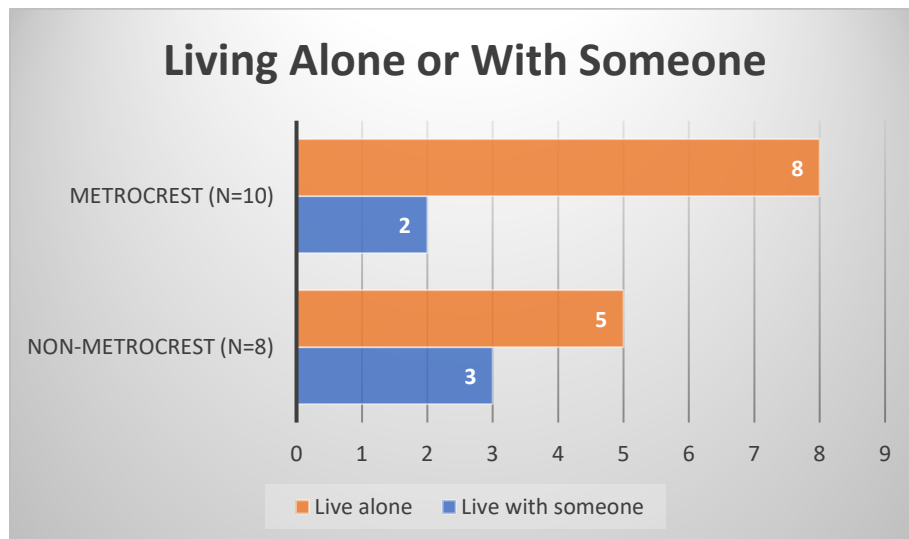


Figure 12. Living with someone versus living alone.

The race/ethnicity of the combined participants closely matched the demographics of the area:

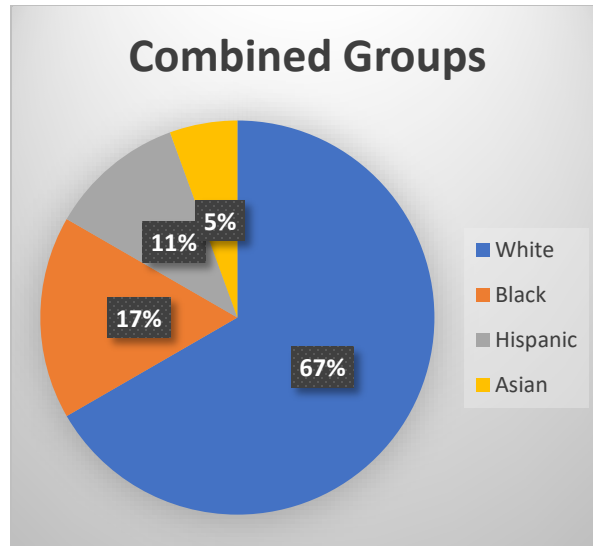


Figure 13. Racial make-up of participants (n=18)

Finally, the income of the two interview groups was very similar as displayed in Figure 14.

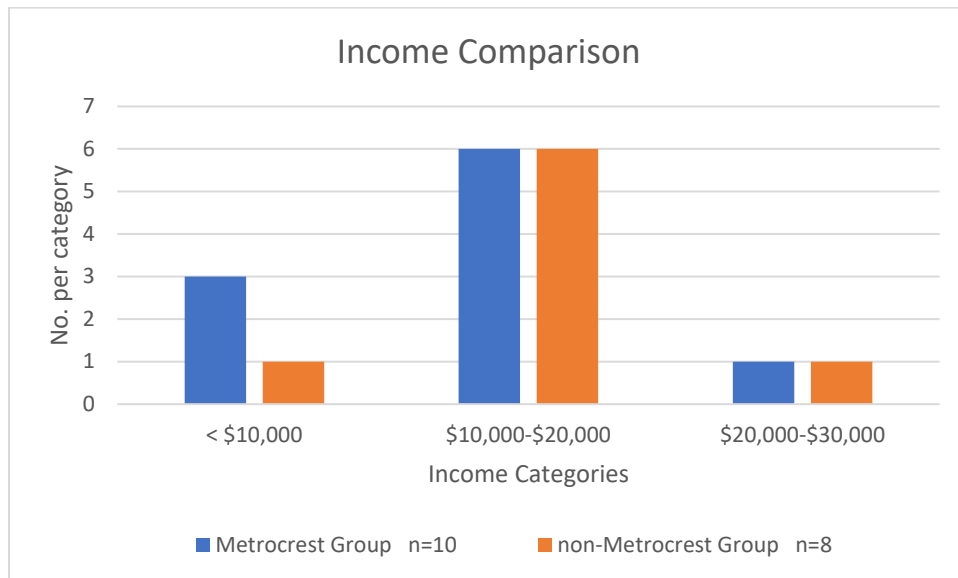


Figure 14. Income comparison.

Food Insecurity among Participants

The primary focus of this study was on food security among seniors in the Metrocrest service area. Food security is defined as “access at all times to enough food for an active, healthy life and includes at a minimum: (a) the ready availability of nutritionally adequate and safe foods, and (b) the assured ability to acquire acceptable foods in socially acceptable ways (i.e. without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).” (Woltil 2012, 1). I found that nearly all the seniors I interviewed said they never completely ran out of food but all were employing some less than desirable coping mechanisms in order to stretch their food throughout the month. All of them also expressed a desire to eat a healthier diet that included fresh fruits and vegetables. They were unable to do that on a regular basis in their current state and therefore only had “healthy” food for a portion of the month. Based on this, I contend that all of the Metrocrest clients as well as the non-Metrocrest clients were experiencing some degree of food insecurity.

Themes

All of the interviews were reviewed multiple times in the process of coding and looking for trends. I initially identified 53 codes which were narrowed down to 9 codes that repeated most often. These 9 codes - health issues, coping strategies, transportation, medical bills, finances, healthy eating, hunger versus food security, exercise, and children and families for emergencies - match very closely with the themes identified in a Canadian study by Green-LaPierre et al (2012). The article “Learning from ‘Knocks in Life’: Food Insecurity among Low-Income Lone Senior Women” identified 7 themes including 1) world view, 2) adequacy of income, 3)

transportation, 4) health and health problems, 5) Community Program Use, 6) availability of family & friends and 7) personal food management/coping strategies.

The frequencies for the Metrocrest participants are shown below:

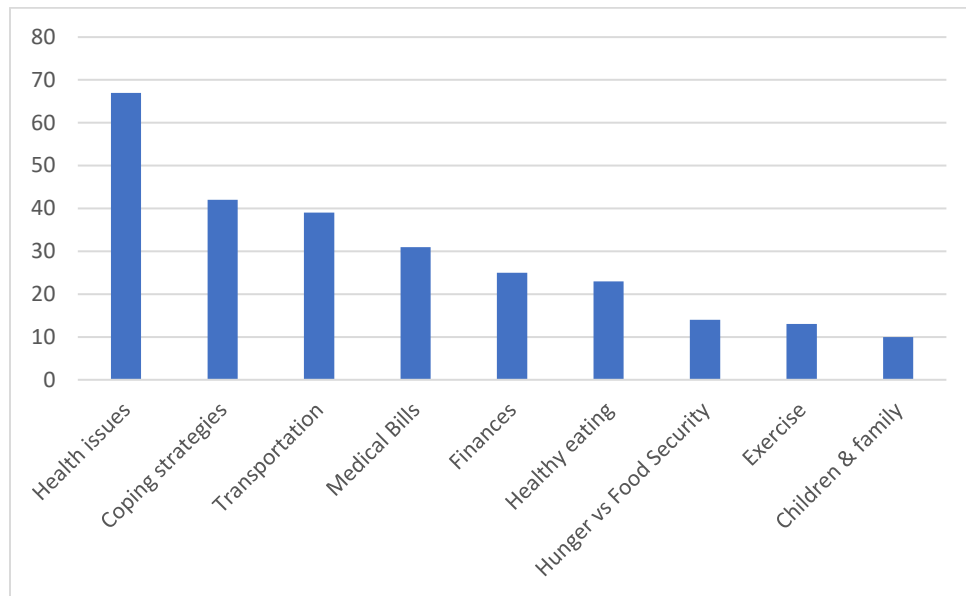


Figure 15. Metrocrest code frequencies (n=10)

The frequencies for the non-Metrocrest group are displayed below.

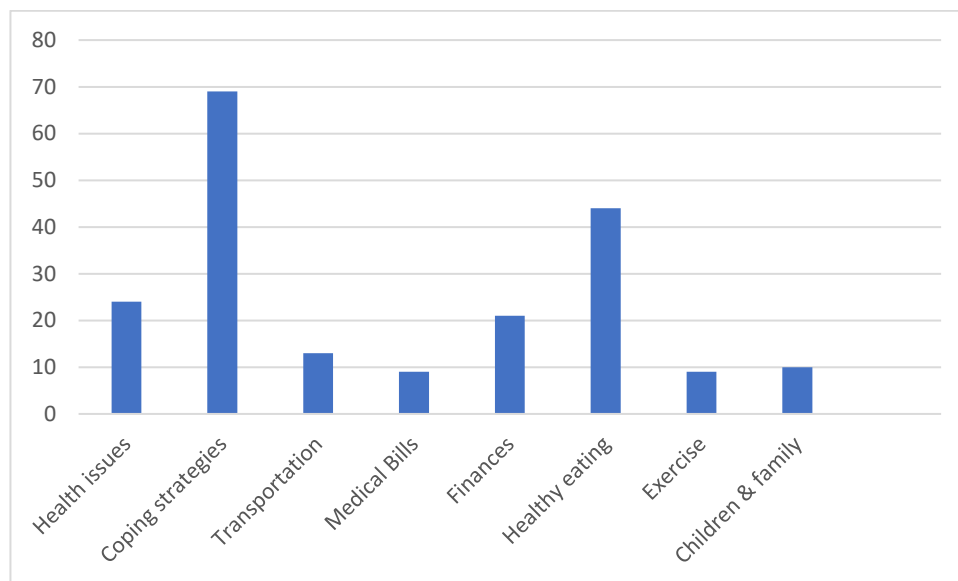


Figure 16. Non-Metrocrest code frequencies (n=8)

After thorough analysis of the interviews, it became apparent that four themes emerged that described the patterns of behavior noted by seniors in this study. These themes are a consolidation of the 9 codes mentioned above: 1) health issues can be the catalyst for using social services, 2) finances are the main driver of food insecurity, 3) seniors utilize many varied coping strategies, and 4) a family support system is security for seniors even if they rarely call on it. Some of the codes applied influence in more than one theme. For example, medical bills are implicated in both the health issues theme and the finances theme. Transportation could also be considered a factor in both of those themes.

Health Issues as a Catalyst for Social Services

One of the main topics I noticed while interviewing the Metrocrest clients was that each person interviewed had suffered some sort of catastrophic health issue just prior to becoming a Metrocrest client. The only exception was an 87-year old woman I interviewed who was in relatively good health. Perkinson and Solimeo (2013, 205) discuss in their findings that a “major life transition or serious illness” was what frequently caused people to view themselves as old people (2013, 205). Someone reduced to using a cane, a walker or a wheelchair after an illness, with little hope for improvement, must admit to themselves that they need help.

Several participants told me that they were referred to Metrocrest Services while at a rehabilitation center recuperating from a heart attack or surgery. A social worker, nurse or doctor had suggested that they contact Metrocrest to take advantage of their delivered hot meals because of the convenience. Many of the Metrocrest clients

were homebound and several mentioned that they had difficulty trying to prepare their own meals. One lady said she could barely stand up long enough to open a can of soup. Then when it was opened, she would have to sit down for a minute before putting it in a bowl and heating it. This type of situation makes the hot meal delivery a very valuable service.

By contrast, many of the non-Metrocrest clients I interviewed had health issues but had not experienced long hospital stays and rehabilitation. One lady had experienced a heart attack several years ago, but had recovered and was diligent in taking long walks every day to keep herself active and healthy. As a group, the non-Metrocrest client group was relatively healthier than the Metrocrest client group. By being healthier, the non-Metrocrest group is not dealing with the increased financial burden generated by serious health issues or the more severe mobility issues that frequently follow health incidences. Oemichen and Smith discuss this (2016) and conclude that both financial crises and physical changes experienced by seniors were influencers in seeking assistance.

Many of the seniors interviewed had health related mobility issues. Several were on walkers and many had back or hip issues that prevented them from standing for any length of time or made them more prone to falls. In addition, some seniors mentioned struggling with macular degeneration or other eye diseases that further limited their mobility. This limited mobility affected their ability to access the foods they needed to eat a healthy diet or their ability to prepare a meal. Several seniors mentioned that they were unable to stand for long to cook because of back pain. Two single ladies told me they had fallen in their kitchens several times so now just did not try to do any more

than heat something in the microwave. Limited mobility made these seniors more dependent on convenience foods that are frequently more expensive than any other foods. Two ladies were in wheelchairs and spoke about trying to cook at times but would end up with burns because they could not easily reach the stove.

The mobility and health issues mentioned above also had impacts on Metrocrest client's need for transportation. Many had no transportation to the grocery store and a number of the food pantry clients relied on the pantry as their sole source of food. Metrocrest will pick up a food pantry client at their home and bring them to the pantry to shop. The pick-up service is something other food pantries in the area do not offer. However, the pantry is not meant to be a grocery store so their products are frequently limited. Many of the clients mentioned numerous items they could not get in the food pantry, and all of them complained about the limited amount of meat available. Several clients had friends or children who would occasionally take them to the grocery store to purchase some of the items not regularly available. Public transportation is a very limited option in the Metrocrest service area. It can frequently be a several blocks walk to the nearest bus stop and there is no one to assist the elderly person on or off the bus. They would then have to return home on the bus carrying their purchases and again walking several blocks. This can be a daunting task for an elderly person and impossible for someone with serious physical limitations.

The frequent mention of healthy eating was an interesting component to the health issue. All of the participants (both Metrocrest clients and non-Metrocrest clients) mentioned trying to eat healthy. Some were trying to meet dietary restrictions set by their doctors. All of the seniors were particularly interested in where they could obtain

fresh fruits and vegetables at the best price. Several clients talked about running out of fruits and vegetables at the end of the month and having only starches to fill in for those last few days. They all talked about needing to eat more protein but that meat and fish were so expensive that they were very limited items in their diets.

Finances are the Main Driver of Food Insecurity

My hypothesis was that finances were **not** the main driver of food insecurity. I thought I would find that mobility, transportation issues, poor health and too much pride to ask for help would at least play an equal role with finances in determining whether a senior was food secure or not. However, at least in this study, I became convinced that lack of money was the driver of food insecurity even though all of these issues were closely interrelated. By contrast, Woltil's study found that "household income alone does not explain food security" (2012, 8). Woltil mentions lack of transportation, mobility issues and physical and mental limitations as playing a big role in food security. Although this study confirms that these elements do play a big role, I believe a lack of adequate funds is really the main cause of food insecurity in this representative group of seniors.

All of the people I interviewed were living on \$20,000 or less in annual income. Four of the Metrocrest clients and one of the non-Metrocrest clients were living on less than \$1,000 a month, which is below the poverty level. There were actually two benefits for the clients living on the least money. One was that those below the poverty level had a SNAP benefit between \$75 and \$175 a month. Everyone else who made more than \$1,000 a month – even if only \$1 more – had a SNAP benefit of only \$15 per

month. This amount of SNAP benefit was almost insulting to these seniors who were struggling to make ends meet. Several expressed frustration at a benefit that would buy them nothing more than a loaf of bread, a carton of milk and a dozen eggs. A couple of senior clients had actually let their SNAP benefit expire. It requires reapplying every year and they felt that the paperwork required was not worth the limited benefit.

The second benefit for the clients below the poverty level was that they were Medicaid eligible and as such, qualified for a helper that came to their home a few hours several days a week. The helper would clean, prepare meals, pick up prescriptions and grocery shop for the senior citizens which would allow them to stay in their home rather than be forced to go to a nursing home or assisted living facility.

Here are some of the comments regarding finances made by the seniors interviewed:

If the light bill is high, my food may not last through the month. Then I end up eating cereal for a week until my next check comes.

After I pay my bills and try to pay something on my medical bills, I only have \$25 - \$30 left. That doesn't leave much for groceries.

I live on the brink of disaster.

I mentioned earlier that almost all of the Metrocrest clients had experienced some type of catastrophic health event. This meant that they had incurred serious medical bills and continued to have doctor bills that mounted month after month. In addition, several talked about medications that were not covered by Medicare or prescription co-pays that were several hundred dollars per month. Although these seniors might have been getting by on their limited income before their health event, their time in the hospital threw them into a situation where they were attempting to pay

medical bills out of an income that was already stretched thin just to survive. One lady commented, “I’m going to die owing medical bills.” She also mentioned that she could not afford to go back to see her doctor because she already owed him so much money and therefore could not get her prescription filled. This cycle of financial strain seemed to be prevalent with all participants.

I have gone broke trying to pay my medical bills.

I don’t go to the doctor because I can’t afford the \$50 co-pay.

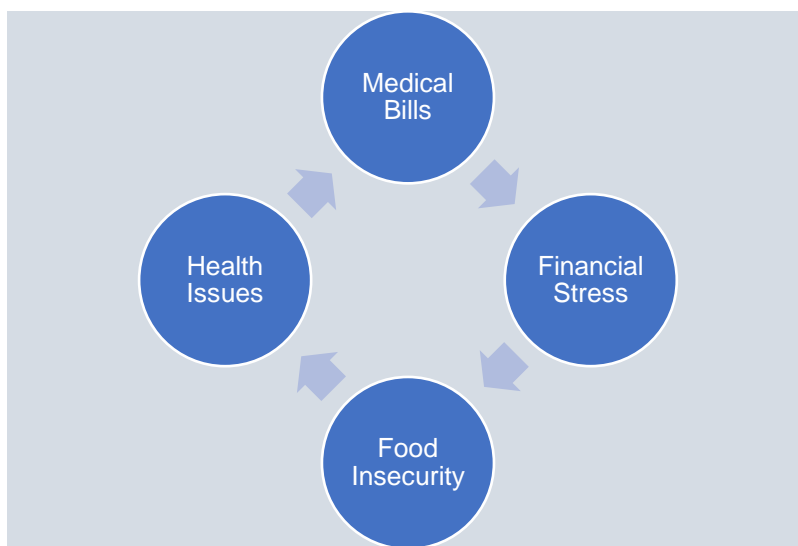


Figure 17. Health and food insecurity cycle

Figure 17 illustrates how the cycle created by health issues can ultimately lead back to more health issues. Seniors who have suffered health issues have incurred medical and prescription medication bills that are not completely covered by Medicare. Trying to pay these mounting medical expenses causes the senior financial hardship because they are attempting to stretch limited dollars available to them on a fixed income. Financial stress leads to food insecurity because the senior has spent part of his/her grocery money on trying to pay medical bills. Food insecurity can lead to further health issues if an inadequate or inappropriate diet is all the senior can afford (as further

discussed below). Additional health issues generate additional medical bills and the cycle continues its perpetual spin that negatively impacts the senior citizen.

Hadley & Crooks link food insecurity to health outcomes including “effects on nutritional status, chronic disease incidence and management, infectious disease exposure and mental health” (2012, 80). They discuss the frequently used coping strategy of shifting to less expensive foods which tend to be higher in carbohydrates and of lower nutritional quality. This is in direct opposition to most diets aimed at controlling diabetes or other chronic diseases. One lady interviewed was suffering from Lupus. This disease requires consumption of a consistent level of protein each day. Protein in the forms of meat or fish is the most expensive item to include in a diet and thus this woman frequently found herself eating Ramen noodles or a baked potato, both of which are carbohydrates rather than proteins. As already mentioned above, balancing their need for sufficient and healthy foods competes with the need for medical care and prescription medications. A senior who either reduces or does not take their medication threatens their own health; however, reducing food intake or eating less nutritious foods so they can take their medications can also have serious health impacts (Hadley and Crooks 2012).

Here is a quote from a senior participant who described her experience balancing the cost of medications with the ability to purchase groceries:

I have 5 doctors and take 25 pills a day. For a while it seemed like none of my doctors understood what the others were giving me but they now at least seem to be communicating with one another. One doctor took me off a medication I've been on for years. I got it for free under my prescription plan. He put me on one of those patches. Well, these patches cost \$80 for four which is a month's worth, after my insurance pays. All of a sudden, I've got an \$80 bill that I didn't have before. When something like that happens, well, it makes you have to readjust

everything. That is grocery money – almost half of what I spend in a month – that just went away. Now what am I supposed to do?

Another lady mentioned that her Medicare premium had gone up \$29, which is taken out of the Social Security check before it goes to her. She said that “\$25 more a month to me means bread and milk”. Another lady (a non-Metrocrest client) told me that she starts every month short about \$200 so she ends up charging that much on her credit card each month. So, she just keeps going deeper and deeper into a hole because she can never pay off her credit card bill.

One of the non-Metrocrest participants was a woman who said she had spent all of her retirement savings taking care of her sick mother. This situation left the participant living only on her fixed income from social security. She went into great detail to describe her many coping strategies to stretch her food dollars and she was getting by, but she was not taking her blood pressure medicine because she could not afford it. She commented that she “lived on the brink of disaster.” This example illustrates the difference between the Metrocrest client group and the non-Metrocrest group. When Metrocrest clients experienced disaster and it had sent them from survival mode into catastrophe mode, they turned to social services for help. The non-Metrocrest group was not any wealthier. They were just living on the edge of catastrophe and had not been pushed over yet.

Although \$20,000 is well above the poverty level for the state of Texas (\$12,060 is the 2017 poverty level), it is still not much to live on. Only six of the seniors interviewed were living in subsidized housing. I understand from Metrocrest and the seniors interviewed that even if a senior qualifies for subsidized housing, it is very limited in the Dallas area and it can sometimes take several years before a unit

becomes available. Average rent for a one bedroom apartment in the Carrollton/Farmers Branch area is \$750-\$850 a month plus utility costs. Most of the seniors I interviewed did not have either an internet connection or cable TV. However, several did have smart phones and these can sometimes be obtained through a subsidized program with AT&T locally. A few Metrocrest and non-Metrocrest clients had cars, which would require car insurance and upkeep. Since public transportation is very limited in Carrollton/Farmers Branch, a car (and the cost) is almost mandatory for transportation.

The Center for Social and Demographic Research on Aging Publications in conjunction with the University of Massachusetts Boston has developed what they call the “Elder Economic Security Standard Index” also known as the Elder Index. This index measures the minimum annual income that is needed to live in different areas of the country. The index is calculated taking into consideration “housing, food, transportation, health care, and basic household items.” This basic calculation includes nothing for restaurant meals, gifts, vacations or entertainment of any kind. The 2017 Elder Index for Dallas County, which is where both groups of senior citizens live, is \$21,696 (Mutchler et al 2017). This is almost double the 2017 Texas poverty line of \$12,060 as determined by the Department of Health and Human Services (hhs.gov). All of the seniors included in this study were getting less than the Elder Index with no hope for additional income. Alan Walker discusses the political economy of ageing which hinges on the importance of “accumulated resources and rights to resources over the life course” (Walker 2005, 816). Our culture expects people to get out and improve their own situation – a “pull themselves up by the bootstraps” mentality. However, the

seniors I interviewed had no capacity to improve their circumstances even though they had previously been contributing members of society. They were all facing poverty or anxiety over finances for the rest of their lifetimes. This includes food insecurity, poor diet, poor housing and social isolation in their final years. These are all life experiences that lead to worsening health and more expense to society. Social services can certainly help fill some of the gaps, but stronger laws and more useful government programs geared towards seniors are needed. According to Walker, this issue is prevalent worldwide and is not merely a problem in the United States nor merely a problem that affects the elderly in third world countries. It is an issue that requires consideration on a global basis (Walker 2005)

Seniors Use Many Varied Coping Strategies

Although many of the coping strategies used by Metrocrest clients and the non-Metrocrest clients were similar, the non-Metrocrest clients were more focused on strategies involving shopping and cooking while the Metrocrest clients were more focused on ways to stretch what food they received from Metrocrest. Overall, there were three categories of coping strategies including stretching food, strategies that involved their medications, and strategies for being able to fix their own meals if their mobility was limited. I found the participants in this study to be similar to the findings of Green-LaPierre et al. in that coping strategies including “accessing food banks, stretching meals, relying on credit” were all mentioned by some or all of the participants (2012, 4). Other similar strategies mentioned were the use of community-based

resources, such as senior centers in the case of the Metrocrest study and hot meal delivery programs.

Many of the Metrocrest clients told me that they ate breakfast and their hot meals, and that is all they ate in a day other than a snack. Most had breakfast, snack for lunch and ate their hot meal in the evening. A snack was likely cheese and crackers or an apple. The people who ate their hot meal at lunch mentioned having just cereal for dinner. This accomplished spreading the food they had over a full month because they all knew that food would be short by the time the end of the month arrived. Nearly everyone expressed that they would be out of their “best” food by the end of the month, but they would have something on their shelves. Several said they would be out of fruits and vegetables but would have rice, peanut butter, cereal or soup. A couple mentioned eating Ramen noodles and one lady told me she always had potatoes. One of the last Metrocrest clients I interviewed said that she would sometimes pretend that she was doing a “fast” day during the last week of the month and would have nothing but an energy drink that day.

Some of the non-Metrocrest clients told me very similar stories. Two meals a day was very common. One man who was still driving would go to the senior center in the morning where he could get coffee and a donut for \$.25. He would snack on something at lunch so his only full meal of the day would be dinner. Another lady said she would skip lunch or have just a boiled egg. One lady mentioned that once a week she would have only one big meal in the mid-afternoon to stretch her food dollars over the month. That helped her have something good to eat most weeks by including one limited food day every week.

Most of the non-Metrocrest clients had other food strategies other than reducing meals because they were more mobile. One such strategy was eating any free meal that was offered at the senior centers. Memberships at the senior center were free in Farmers Branch and cost only \$15 a year in Carrollton. Coppell is a near-by suburb and their senior center is \$20 a year for a non-resident. I was in the Carrollton center numerous times and they always had donuts, cookies or cake on a table next to the coffee pot. Several clients mentioned getting coffee and a donut there several times a week for only \$.25 a day. Carrollton Senior Center also had a hot dog day once a month where members could get a hot dog and potato chips for \$2. There was always a big turn-out for those days. Farmers Branch offered a movie and baked potato one evening a month for \$2, which was also a popular event. In addition, both centers had senior-oriented businesses come into the center and present lunch and learn sessions where they provided a sandwich to anyone who attended. Many of the seniors attended just to get the free meal. A sandwich from one of the local delis easily provided two meals for a senior. I attended a couple of these sessions and if there were meals left over people asked if they could take one home to their spouse. In addition, there was the monthly birthday lunch and other special meal events throughout the year that were well attended.

Outside of the senior centers, the non-Metrocrest seniors I interviewed knew where all the senior deals were around town. For \$2, they could get a senior coffee and a sausage muffin at McDonalds. Several of the other fast food restaurants also had senior specials of some kind. The non-Metrocrest clients were also much more likely to mention grocery store coupons, double coupon days, and discount stores for the best

grocery shopping deals. Nearly every interview mentioned shopping for groceries at Walmart where they thought the food prices were the least expensive. They also mentioned stocking up on anything that was a particularly good deal. The most common example was when meat was very inexpensive one week, they would buy several meals worth to freeze and stockpile for later.

Coping strategies that involved prescriptions were mentioned by both groups of clients. Some simply said they did not take their medications because they were too expensive. Several said they would cut pills in two and take only half of what had been prescribed. Some said if they had a prescription that was supposed to be taken twice a day they would take it only once a day. One lady told me her doctor prescribed eye drops for an eye infection. When she went to pick it up, her co-pay was \$300. She explained that she had a complete meltdown in the pharmacy and told the pharmacist she just could not buy it because it cost too much and she wanted something cheaper. The pharmacist called the doctor and, in the end, the pharmacy gave the lady enough samples of the medication to cover the prescribed dosage. Several people talked about eye injections for macular degeneration or pain injections for their backs that they could no longer afford or could only afford occasionally because it would mean choosing between having the injection or eating.

Finally, several of the Metrocrest clients talked about eating convenience foods because it was the only way they could cook themselves a meal. The foods mentioned most often were pre-packaged sausage biscuits or breakfast sandwiches, TV dinners and single serve tuna packets. These required no more effort than getting them out, putting them into the microwave for a few minutes and eating them. However, the cost

of these items is prohibitive – particularly to someone who is stretching their dollars. I was very surprised to hear how many were using this strategy. Some of the non-Metrocrest clients talked about cooking only one or two times a week and making enough for multiple meals and freezing them for later use.

Overall, the non-Metrocrest clients who were not using the food pantry or hot meal delivery were much more deliberate and intentional about the coping strategies they used – mostly because they were more mobile. The Metrocrest clients were relying on Metrocrest as their major coping strategy and making do the best they could due to their limited finances, poor health and limited mobility. Since most of them were not driving, they could not easily take advantage of some of the same strategies used by the non-Metrocrest clients.

Abusabha et al (2011) researched whether there were differences in food security between groups that were receiving SNAP benefits, groups that were receiving a PAN box, and groups that were receiving no food assistance. They found that all three groups were relatively food secure with occasional experiences of food insecurity. Abusabha et al concluded that, although the three groups were similar from an income standpoint, the groups receiving SNAP benefits or the PAN box had reported greater issues with health (2011). This finding confirms what I found with the seniors interviewed for this project.

Security Derived Through Family Support System

Of the all the participants interviewed, there were three married couples and two seniors who lived with family members. The rest were single and lived alone. Those

living with someone else presented themselves as quite a bit more food secure than those living alone. One Metrocrest client was living with his daughter and granddaughters, was receiving 3 hot meals a week, and was utilizing the Metrocrest transportation services. His daughter worked and granddaughters were in college locally. His only food security issue was if his “daughter gets real busy and sometimes don’t get to the store to buy my groceries.” In those cases, he talked of eating cereal or crackers and cheese similar to some of the coping strategies mentioned by the seniors living alone. However, he also talked about being able to get Jimmie Johns to deliver so he had more available food dollars than some of the other seniors due to his living arrangements. The one Metrocrest couple interviewed was still driving, lived in their own home, and was getting hot meals delivered five days a week. They seemed quite secure in their circumstances even though their income was not much more than some of the other seniors, and they were two of the oldest seniors interviewed. I think the fact that they were still mobile and owned their own home combined with the social support received from a spouse contributed to their increased feeling of food security.

Of the Metrocrest client interviews, six had relatives that lived close, and all of the non-Metrocrest interviews had relatives that lived nearby. However, it was surprising how few of them mentioned any real assistance coming from children. Some of the comments included:

My children live close but I don’t rely on them. They all have families of their own they are taking care of.

My son is just doing his own thing.

I don’t want to burden my kids.

It isn't healthy for me to force myself on my family.

I don't count on my son for much.

Silverstein et al. discuss the social capital parents, in particular mothers, build up over the years and how this capital is activated at the time of need as parents age. Both the feelings of obligation in the child and the perceived need of the parent work together to induce supportive behavior for elderly parents (Silverstein, et al 2006). I did not see much evidence of social capital at work in any of the seniors I interviewed. I contend that the need of the parent had not yet been perceived as critical. However, almost everyone I interviewed who had children or family living near expressed a sense of security in knowing they could call on their family in the event of an emergency.

I found that not only family could be considered a reliable support system. Of the Metrocrest clients, many of them put Metrocrest and the Metrocrest staff in the same support category as family. They felt very comfortable relying on Metrocrest to at least keep them from starving. They even spoke of Metrocrest in conjunction with their families as their support system. Wolttil discusses this phenomenon as "instrumental social support" and found that it became an important part of an individual's social network (Wolttil 2012).

One lady I interviewed was a recovering alcoholic and had regularly attended Alcoholics Anonymous (AA) meetings in the area for nearly 30 years. She did not have any family close, but said she knew she could rely on her AA group to take care of her if she was in need. She even cited how they had come and cleaned her house and stocked her pantry for her right before she came home from rehab last year. In her case, her AA group was her family.

Alternatively, one non-Metrocrest client was relying heavily on her daughter. She was in the worst health of all the non-Metrocrest interviews and had been suffering from numerous health issues over the past year. Her daughter was doing her grocery shopping and taking her to all her doctors' appointments as well as taking her to do any other personal shopping she might need to do. Her biggest concern was that something would happen to her daughter and then she did not know how she would continue to cope. I feel certain she contacted Metrocrest after our conversation so she could establish an emergency back-up plan.

Woltl quotes Sahyoun and Zhang who found that "frequency of social contacts and nutritional activity were positively associated with each other" (Woltl 2012, 4). Jason Newsom and Richard Schulz investigate the importance of social support in the quality of life of older adults. They found that even though there may be limited support for an older person from their social network, that the perception of support could be just as important in the overall life satisfaction of the senior citizen. They also claim that "As long as one's independent living status in the community can be maintained, an individual may continue to have a sense of primary control over the world, even if drawing on social resources for occasional assistance is required." (Newsom and Schulz 1996, 41). I saw evidence of that theory in the responses received from seniors in this study when asked about support from relatives. These seniors were still mostly living independently, yet they sometimes needed assistance. When they did need assistance, they felt they had a social network they could rely on. This gave them a sense of security. Woltl expands this concept to conclude that a perception of security

in their social network frequently means that an elderly person is more food secure (Wolttil 2012).

Findings Specific to Metrocrest Programs

Since this thesis was primarily aimed at providing Metrocrest with information that could be used to improve their existing senior programs and to give them ideas about possible additional senior programs that would be beneficial to the community, I thought it was appropriate to discuss those findings separately. The senior programs I focused on included the hot meal delivery, the food pantry and transportation services. Of the ten interviews with Metrocrest clients, here is the breakdown of program usage:

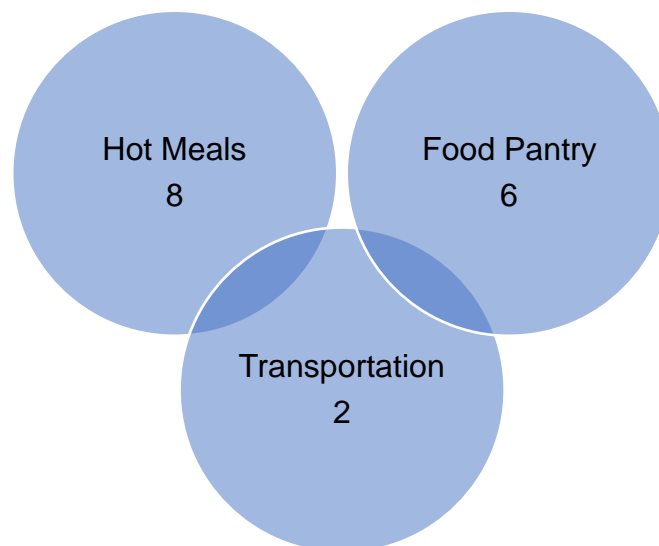


Figure 18. Usage of Metrocrest programs (n=10)

The hot meals program was the most frequently used program among the Metrocrest clients interviewed with the food pantry close behind. Only two clients were currently using transportation services although of the 7 who did not drive, 5 had tried to use the Metrocrest transportation in the past but found it did not work for them.

The prevalent theme among all the Metrocrest clients I interviewed was how appreciative they were of everything Metrocrest did for them. I had to push and prod each of them to get them to criticize any part of the Metrocrest program. They were also very complimentary of the Metrocrest staff and how kind and responsive they were to the needs of their elderly clients. Some of the comments received were:

Ofelia is an angel.

Metrocrest literally saved my life.

I've been real impressed working with them.

They've always been very, very good.

The hot meal delivery is a very popular program and the convenience factor to the clients receiving these meals is quickly evident. Pete's Café, which is a popular local café, prepares all the meals and they are delivered by volunteers. The cost is only \$2 a meal where it would cost the general public about \$7 for a lunch entrée at Pete's. Everyone claimed that the food is very good which I would expect from meals prepared by Pete's. Certain people liked certain meals better than others as would also be expected. However, every person receiving the meals commented on the fact that they get the same meal on the same day week after week. A couple of clients had been receiving hot meals for over a year and complained that the variety had not changed a single time in the year.

Some other meal complaints were that the meals were sometimes not delivered. This could be perhaps because there is a new volunteer that does not find the proper address. One lady who was in a wheelchair said that a new delivery person often would not wait long enough for her to answer the door before leaving. The residents of one

apartment complex said the volunteers would not deliver to their apartments, but left the meals in the office. These participants were on walkers so it was difficult for them to get to the office to pick up their meals and take them back to their apartments. There were also some minor complaints of no salad dressing and rolls that were too hard. A frequent complaint was that there was almost never a dessert, but they did receive a fruit cup twice a month. The fruit cup was a joke among the clients since it is considered a dessert only for the “old and sick.”

The food pantry was a lifeline for many of these seniors as already discussed. However, there were some serious issues with the food bank. Some were relying on the pantry as their sole source of groceries. The food pantry is not meant to be a full grocery store but rather a stop-gap measure simply to prevent people from going hungry. A lot of the merchandise on the shelves was donated by local grocery stores or individual donors and most of the fresh produce came from local community gardens. Metrocrest filled in the gaps by purchasing food from the North Texas Food Bank or sometimes even local discount stores for personal hygiene and cleaning items. But this still left many items that are not readily available. Even though this short-coming in the food pantry stock was a problem for many of the food pantry clients, it was not top of the list of complaints.

The most frequently mentioned problem clients had with the food bank was the high percentage of items that were at or past their expiration date. Every client interviewed mentioned this in their discussion of the food bank. Even a couple of the non-Metrocrest participants had previously used the Metrocrest pantry and decided not to use it further due to the expired items. No matter how hungry a client might be, they

threw away expired items so these food items might as well not be on the shelves of the food pantry.

A surprising find was that food pantry clients felt that they needed to “game” the timing of their visit to the food bank. Several mentioned getting to the food bank only to find that the shelves were nearly bare. The volunteers attributed this to either a large group coming through right ahead of them or perhaps not receiving a delivery until the next day. Several clients knew exactly when certain grocery stores delivered to the food bank, and they tried to time their visits to be a few hours after that delivery. One of the social workers told me that part of the problem was that they relied on volunteers to restock the shelves. If an unexpected group had been through the pantry Metrocrest sometimes did not have the volunteer staff available to quickly restock. This amounted to a serious problem for the seniors who relied on the food they received at the food bank and struggled to get there already. The clients were allowed only two or three trips a month and when one trip was not productive due to limited selection it was a hardship for the senior client.

Other food pantry complaints primarily had to do with items that were rarely available or limited at the food pantry. Number one on this list was the limited selection of meat. Seniors were rarely allowed to get more than one or two meat selections and sometimes there was no meat available. Some staples such as butter, eggs, milk and chicken broth were mentioned as rarely available. Another frequently mentioned shortage had to do with condiments. Several mentioned that there was almost never any salt, pepper, catsup, mustard or salad dressing.

The hot meals and food pantry complaints were further evidence of the importance of food security. The Metrocrest clients appreciated the fact that Metrocrest keeps them from suffering from hunger. However, they still desired to eat a certain way. Examples of this were the expressions of wanting to eat healthy or wanting to eat more of their favorite foods rather than just what they were able to glean from the shelves of a food pantry.

Finally, the transportation services offered by Metrocrest presented a problem to senior clients and was frequently not used due to the cumbersome nature of the service. Clients must schedule transportation a week in advance. There is a charge of \$3 to \$10 each way based on income level. Transportation operates only in the Carrollton/Farmers Branch area or within 5 miles of those borders. If a transportation client schedules a ride to a doctor's appointment they must schedule a drop-off and pick up time. If for some reason a client's appointment takes longer than expected then they could be left without a ride because transportation will only wait for someone about 10 minutes and then must go on to the next stop.

Unfortunately, public transit (DART) is very limited within the Carrollton/Farmers Branch area. There is a train system, but it was within walking distance of only one of the clients interviewed. Bus service is very limited and bus stops are far apart so this presented a difficulty for seniors with limited mobility. Local public transit does have a para-transit service where a senior can schedule a ride 24-hours in advance and the cost is only \$3 each way. However, the qualification process is very cumbersome. The senior citizen must complete an application, have their doctor complete another form and mail all of this together to DART. If the application is approved, they must then

schedule an evaluation to determine if they are really unable to ride the regular transit service. They then must go through a training program to learn how to use para-transit. This process must be completed every year unless the client can prove permanent disability. Even after all this, the client must still be waiting in front of their address ready to board the bus when it arrives. Only one lady was using the para-transit service and this was a lady who had lost a leg and was in a wheelchair so qualified for permanent disability status.

Case Studies

These are case studies of some of the most interesting situations that arose through my research and the ones that are representative of various themes discussed. The names of the participants have been changed to protect their anonymity.

The first case study was one of the oldest participants and also the one who had the least amount of money per month. However, she seemed relatively comfortable in her situation, perhaps because she had lived frugally all her life so had the coping skills necessary to deal with a very low income. Also, because of her low income, she had access to a variety of social services that some of the other participants did not have. She is a good example of someone who did not actively rely on her children but felt secure that they would help.

Interview 5: Mrs. Lopez

Mrs. Lopez was an 87-year old Hispanic lady living in Farmers Branch. I went to her apartment which was in a very run-down part of town. The grass around the

complex was mostly gone and the dirt was beaten down from people walking across the lawns. Overall the apartments looked pretty dreary. However, as I walked through the complex looking for Mrs. Lopez' apartment, I noticed one apartment that had numerous flower pots with flowers and bushes growing in them that stood out as an anomaly to the rest of the complex. I knew right away that this was going to be the apartment to which I was going.

I found Mrs. Lopez, who was actually quite spry for 87, dressed in a bright orange skirt and top with matching sandals. Her apartment, which was rent subsidized, had nice laminate wood flooring, was very neat and clean, and was sparsely furnished other than a desk in the front window. This made the apartment seem much larger than it actually was. There were also numerous family pictures on the wall, and in the entry, was a female mannequin dressed in a bright red dress with a hat. It was an inviting apartment and Mrs. Lopez had obviously spent time making it feel like home.

Mrs. Lopez gave me some of the basic demographic information from the interview, including her income, which was the lowest of anyone I interviewed. She made only \$522 a month from Social Security and another \$222 a month from SSI benefits. She was Medicaid qualified and as part of that program was eligible for a helper a few days a week. She also received \$80 a month in SNAP benefits.

Mrs. Lopez had been born in the U.S. to a Mexican mother who had grown up in the U.S. However, her parents moved back to Mexico after she was born so she grew up in Mexico. She moved to the U.S. after she got married. She was proud of the fact that she was a U.S. citizen. She had been a widow for many years. Her husband died when her children were still little so she raised 6 children by herself. Five of the 6

children lived in the DFW area but the 6th lived in New York and was a fashion photographer. She also had sisters and brothers who lived in the U.S., but none of them were close.

When she told me how old she was, I commented that she looked wonderful. Her response was “Every day, I say, “Thank you, my Lord, for making me very rich, because not the money, healthy. Healthy is money.” She was still somewhat active and mentioned walking when her helper was there to go with her. She still attended church which was across the street from her apartment complex.

Mrs. Lopez told me that she never “put the stove on” anymore because she did not trust herself to cook anything. She had apparently fallen a couple of times so relied on her helper to fix her breakfast and lunch and leave something for dinner. She described having a pretty big breakfast – pancakes and eggs the day I was there – perhaps tuna salad for lunch and then a hot dinner that could be spaghetti or maybe soup. She was a food pantry client and got most of her food at Metrocrest. She did some supplemental shopping at a local grocery store when one of her children would take her. She also mentioned purchasing clothes at local resale shops.

As far as food lasting through the month, Mrs. Lopez said she liked having fresh fruit, but it was always gone before the end of the month. She frequently could not buy fruit because she had to buy food items that Metrocrest did not have in their pantry, such as oil or sugar or coffee. She said cereal was her most frequent filler food because it was easy and she usually had eggs also. She also mentioned that she occasionally went to North Dallas Ministry that operates a small food bank.

I asked Mrs. Lopez about her work history. She was very self-assured and well-spoken so I expected her to say she had owned her own business of some kind. However, she told me she worked as a housekeeper after her husband died. The Metrocrest social workers told me they frequently found that seniors who were previously self-employed or paid in cash during their working years never paid into Social Security and that was the reason their benefits were so low.

Mrs. Lopez was a very spunky, classy and interesting older woman. I came away from the interview with many more questions I wanted to ask her. Despite her limited finances and perhaps because of her relative good health she seemed to be managing her affairs better than some of the other seniors I interviewed.

The second case study, by contrast, was one of the youngest participants and one of the most desperate. She had twice as much money as Mrs. Lopez but appeared to be struggling a lot more with her situation. Because her health had been very bad, she had a lot of medical bills to contend with and she was unsure how she was going to make it from month to month. She is a good example of someone whose health pushed her to social services.

Interview 6: Julie

Julie was a 61-year old single white woman living in an apartment complex at the edge of Carrollton and the city of Dallas, which is a very desirable area. She was suffering from a bone disease that caused her bones to break very easily along with other medical conditions and also suffered from depression and anxiety. She walked with a walker and looked very frail. She had no family to rely on. She had worked as a

medical transcriptionist at a couple of local hospitals and later for a doctor that eventually closed his practice due to drug addiction. This was particularly traumatic for Julie.

Julie's monthly income was \$1,292 a month which was a disability benefit. She was too young to take Social Security for another year, and if she took it early at 62 it would significantly reduce her benefit for the rest of her life. She was also on Medicare because of her disability. Her rent was \$870 a month, and she has lived in the same apartment for 9 years. Most of her friends were the apartment management staff so it will be very difficult for her if she has to move to a less expensive place. She did not qualify for SNAP benefits.

Julie was one of the clients who told me she struggled to prepare her own meals. She could cook a little bit but even opening a can of soup and heating it on the stove was a challenge because of her back pain. Therefore, she frequently ate sandwiches or convenience foods, such as frozen sausage and egg croissants that can be warmed in the microwave. She also mentioned that she ate a lot of peanut butter.

Julie was a food pantry client and told me that she gets almost 100% of her food from the Metrocrest pantry. She also received hot meals 3 days a week because that was all she could afford. Sometimes a friend would come and take her to a local grocery store where she looked for convenience food bargains (she mentioned 10 tuna packets for \$10) as well as condiments and other items she could not get at the pantry.

Julie was the only client interviewed who told me that she was literally starving to death before getting help from Metrocrest. She had been sick for months and in the hospital two different times. She told me she had lost over 100 pounds and was skin

and bones. She would frequently have nothing to eat so she would just go to bed and hope she would not wake up the next morning because her life was so miserable, and she was hungry. Her apartment manager was worried about her and was the person who suggested she call Metrocrest and see what kind of help they might be able to offer. She first signed up for hot meals and she got missed the first day. Then the next week the delivery person missed her again. Julie called her Metrocrest case-worker and told her she had been missed again and she was hungry. The case-worker got a meal and brought it to Julie herself. When she came to the door, Julie lifted her shirt and told her that she was literally starving. That is when she got signed up for the food pantry in addition to hot meals.

Medical bills were Julie's biggest problem. She was not on Medicare when she first got sick so there were a lot of bills and co-pays that were hers to pay. She told me she was deep in debt with medical bills. She had not returned to see her oncologist in over a year because she could not afford the \$50 co-pay and already owed the doctor money. However, now her prescription is over a year old so she needs to see him to get it renewed. She was also taking Prolia shots for her bone disease, but since the co-pay is nearly \$500 she had to stop that medication as well.

I asked Julie if she thought she would get better and be able to go back to work, or if she might be able to do transcriptionist work from home. She said that for right now, she had trouble concentrating as a result of all the chemo-therapy she had been given. She did not know if the future would get any better or if her bone condition would prevent her from doing anything consistently.

Although all the clients I interviewed were very appreciative of the help provided by Metrocrest, Julie felt like they had literally saved her life. Her comment was “I wouldn’t be here without Metrocrest.” Her case was particularly difficult because she was actually quite a bit younger than most of the other clients interviewed and thus did not qualify for a lot of the same benefits.

The following case study was my first non-Metrocrest client interview with a lady who was very serious about her coping strategies. She was making less than \$20,000 a year and owned her own house, but was having to watch every penny in order to get by. She was using about every coping mechanism that could be found in order to continue to eat well. I felt like her coping strategies were something that gave meaning to her life.

Non-Metrocrest Interview 1: Susan

Susan was my first non-Metrocrest client interview and was recruited from the Farmers Branch Senior Center. She saw my recruitment flyer on the bulletin board and was interested in sharing some of her coping strategies with me in hopes that they might help someone else. Susan was a 74-year-old white woman. She was not married but was “sharing her house with someone.” Through the interview I came away with the impression that she may have been in a relationship with another woman and was perhaps not comfortable sharing that information. She was in relatively good health with her main problem being neuropathy in her feet. She was walking with a cane. She was supposed to be taking blood pressure medicine, but told me she could not afford it.

Susan was still driving but it was her partner's car, not hers. She told me she had a really good job and lots of savings when her mother got sick about 15 years ago. Her mother made just a few dollars more than what allowed her to qualify for Medicaid, so Susan ended up paying for her mom to live in an assisted living facility for 8 years. This used up every penny of her savings and was the reason she was having to work so hard now to stretch her dollars.

Susan had brought notes with her so she would be sure and share with me all her tricks in coping with a limited budget. These included making her own egg McMuffins, shopping for bargains at various different stores. She would buy a large quantity of bargain meats, in particular, and she would make her own frozen dinners. She would cook one day and make enough to have meals for 5 or 6 days. She had even calculated that the meals she fixed were costing her about \$3 to \$3.50 each. She knew which grocery stores would do price matching and which would offer two for one coupon days. She had found a store that would sell spices by the quarter ounce so she could buy what she needed for a recipe but not have any waste. She knew all of the bargains offered for seniors at local fast food restaurants. She had also attended several of the financial investment sales seminar that send flyers in the mail and offer a free meal at a nice restaurant if the participant listened to their sales pitch. She said that was her treat for herself. She mentioned that she had always gone to the senior center lunch and learn sessions that the Farmers Branch Center used to do several times a month. They had quit doing them because they had a disagreement with the restaurant providing the food. She told me that had been a blow to her because she had depended on those few free meals every month.

Even with all of these frugal coping strategies, she was still struggling to make ends meet. Susan was the person who told me she “lives on the brink of disaster.” Her biggest challenge was small home repairs. Even something that cost \$25 - \$30 to fix would get put off because it was just extra money she did not have. If something were to happen, such as her refrigerator going out, she told me that would be a disaster in her life. She mentioned not having purchased any new clothes in years. She was doing everything she could to stay afloat, but one disaster would push her over the edge.

These case studies are just a sample of some of the interesting stories I heard during my research. They are representative of some of the extremes of circumstances experienced by seniors, yet each had found a different response to the financial stresses of limited fixed income and encroaching food insecurity. Other participants' stories were similar in some ways but very different in others, which calls to mind that each travels their own life course and those lived experiences define the way a senior views the world and their own situation in it.

CHAPTER 5

DISCUSSION

Theoretical Framework

This study supports the conclusion that Marx' theory of political economy is the dominant lens with which to view the circumstances that impact the lives of the elderly. Those who have accumulated more resources throughout their life-times are more secure than those who have not. Limited economic capital when one becomes elderly becomes a serious and potentially life-threatening situation. Not only do seniors become welfare recipients, they have reached the point in their lives where they are no longer contributing to the labor market or modes of production so, in effect, become second class citizens. They have no means to improve their conditions so are limited by what has occurred during their life course. They must either rely on social welfare or look to their social network for additional support.

Secondary theories that contribute to the analysis of the aging process certainly includes Bourdieu's theory of social capital. As has already been discussed, social capital built up in the family group or in the community is an important asset when one becomes physically or mentally challenged as a result of the aging process. Family or friends provide both actual support (both physical and emotional), and just the existence of a network of family or friends provides a perceived safety net of support.

An additional theory that contributes to the framework of analysis is political ecology which links political economy with ecological anthropology. Seniors must interact with their environment in order to obtain food and to create and execute coping strategies that allow them access to food. According to Thomas Leatherman, this

approach “explicitly connects issues of power and inequality (political economy) with human-environment interactions (ecological anthropology) (2005, 49). This concept is prevalent in reviewing the coping mechanisms formulated by the seniors in both groups and how the coping mechanisms themselves have an impact on their environment. The theory is also useful in looking at how poor health and poverty are “mutually causative” and “each serves to reproduce the other” (Leatherman 2005, 50).

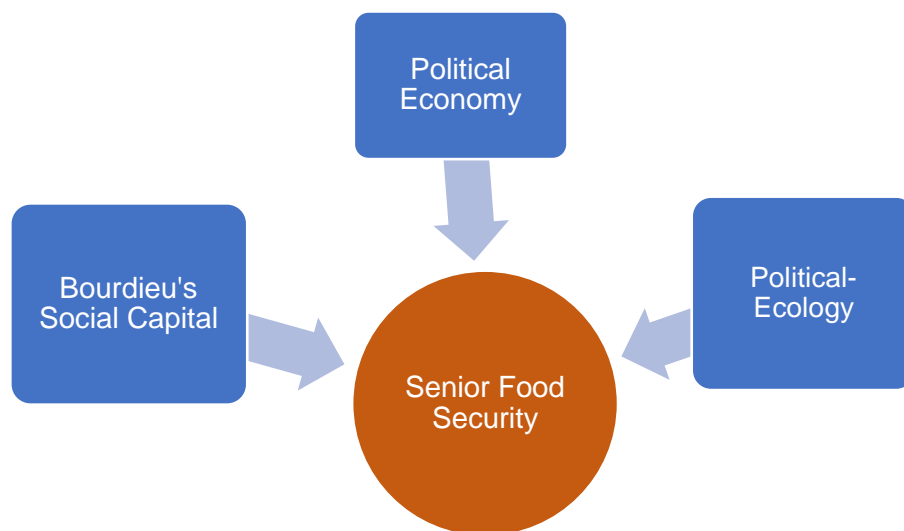


Figure 19. Theoretical framework of senior food security.

Strengths and Limitations

There are several strengths of this study. By looking at two different groups of participants, I was able to view both similarities and differences between one group that is defined by its use of social services and another group that is not utilizing social services. This comparison resulted in valuable information regarding how life events – in particular, catastrophic health events – could be a catalyst for influencing a senior

citizen to look for assistance from social services. The overall similarity of demographics between the two groups made this basic difference easily visible.

The interviews with the Metrocrest Services clients yielded good information regarding the efficacy of the Metrocrest senior programs. There was definitely great value in all the programs provided. However, I was able to determine places where improvements could be made. This resulted in recommendations to Metrocrest – some of which will be easy to implement and some that will require more thought and potentially more funding.

A limitation to this study was the small sample size. With only 18 interviews, there is no way to know if this group of seniors is representative of the Carrollton/Farmers Branch general population of senior citizens within the same income range. I also did not delve deeply into income details to try to more clearly explain some of the differences – in particular in SNAP benefits.

In a broader sense, the findings in this study reinforce the findings made by other human service researchers. Sharing these dynamics of daily living faced by the elderly can hopefully prove useful to those providing social services. They could also help inform those planning and legislating government funded programs for the elderly.

Reflections

I felt honored to meet the senior citizens I interviewed for this project. I am a senior citizen myself and interviewed people that were both older and younger than myself. I think this gave me a unique ability to make a connection with the participants. Many of my life experiences were similar to theirs. We both knew what it was like to

wake up one day and realize we were considered a senior citizen when we really still felt like the same person. We had all had careers, raised families and been self-sufficient. Those common experiences allowed us to explore in more depth some of the uncommon experiences these seniors had encountered. Kaufman's statement that the self is ageless really resonates with me as I think it did with many of the participants.

I learned a lot about interviewing techniques through this project. I learned during the interview process to take a little more time to listen and probe when an answer did not make complete sense. Several times, after reviewing interview transcripts, I was unsure of what the participant meant by their response or the response was contradictory. By taking a little more time, I could have gained additional insights through further questioning. I also think I was sometimes guilty of directing answers because of my own personal bias. It was something I became more aware of as I did more interviews and listened to the recordings.

I learned a lot about the plight of older people during this research project. I learned how social security works and how important it is for everyone to pay into the system during their working years. Many people just are not aware that they are only costing themselves in the long run by not paying social security taxes throughout their working career. I learned that SNAP benefits are pretty useless unless someone is below the poverty level. I learned that Medicare does not pay for dental care and a lot of senior citizens need dental work and cannot afford it. I learned that AT&T has a low-cost internet service for senior citizens that receive SNAP benefits (maybe that makes the \$15 seem like a better benefit)! There is also a Lifeline cellphone program for seniors who qualify for SNAP that provides a free or reduced cost cellphone. I learned

that subsidized housing for seniors is so limited in the Dallas area that it can take years to get even if they qualify.

Metrocrest and other social services organizations can only provide so much assistance to this large, vulnerable population. An overhaul to the way societies deal with their elderly population needs to be considered – not just in the U.S, but globally. In particular, ensuring food security for seniors is a critical consideration in allowing them to remain in good health and remain in their homes.

Many of the seniors I interviewed were upbeat about their situations and making the best of their circumstances, a few were angry, and a few were afraid. However, they were all surviving. This poem by Maya Angelou captures that spirit of survival.

On Aging

When my bones are still and aching
And my feet won't climb the stair,
I will only ask one favor:
Don't bring me no rocking chair.
When you see me walking, stumbling,
Don't study me and get it wrong
'Cause tired don't mean lazy
And every goodbye ain't gone.
I'm the same person I was back then,
A little less hair, a little less chin.
A lot less lungs and much less wind.
But ain't I lucky I can still breathe in.

(Minkler 1996, 479)

CHAPTER 6

DELIVERABLES

The commitment to Metrocrest Services was to present the results of this study in four formats.

1. A written report that will provide a full overview of the research, a summary of the findings, and practical recommendations that can be implemented for existing programs as well as suggestions for possible new programs.
2. A group of 3 or 4 personal stories of seniors and the struggles they face that can be used by Metrocrest as a marketing tool to encourage public support of their senior assistance programs.
3. An oral summary supported by a Power Point presentation of the findings and recommendations to the Metrocrest Services Program Committee.
4. An interactive presentation of the findings to the client's staff as deemed appropriate by the CEO.

I have already delivered a written report to the director of Metrocrest Services as outlined in number 1 above. The report specifically answers the following questions:

- What are the issues of seniors in the service area surrounding food insecurity, limited access to food resources, and how do they attempt to deal with those issues?
- What do seniors know regarding food assistance and other senior services in the area? Where do they most frequently gain their knowledge of services? Who and what are trusted sources of information?
- What are the barriers that prevent seniors from accessing food assistance programs?
- What motivates seniors to access food assistance programs?
- How could food assistance programs be improved or adapted to provide better and more accessible services to the senior community? What additional food programs might be useful to seniors?

I have also prepared a PowerPoint presentation summarizing the findings that can be presented to their program committee. The same presentation will be made to

their staff when the CEO is ready to arrange that meeting. I have also suggested additional services Metrocrest might consider offering the community in conjunction with the senior centers and recommended an expansion of their home repair program.

Recommendations

These recommendations have been included in the report to the client.

Hot Meals

- Look at the possibility of negotiating with another food provider to offer an alternative to Pete's Café meals. This might include pizza delivery once a month.
- Work with Pete's to put more variety in the meals provided. They have 7 entrees on their menu that are the same price as the ones being delivered so could at least alternate meals a little. Perhaps they could add a hamburger, one of their open-faced hot sandwiches or a meal-size salad to the menu occasionally. These menu items are less expensive than the entrees.
- Provide a dessert perhaps once a week
- Be sure volunteers are aware that the senior clients need some extra time to get to the door.

Food Pantry

- Have volunteers check more carefully for expired items. If Metrocrest knows where the majority of these items come from, they can work with that donor to limit or eliminate the expired items they are donating.
- Melanie mentioned that sometimes Metrocrest just cannot get the shelves restocked quickly enough after a big group comes through. This is an internal work-flow issue that needs to be addressed by Metrocrest. If restocking quickly is not a workable option, then Metrocrest might consider allowing the client an additional trip to the pantry that month. Alternatively, Metrocrest could provide an emergency gift certificate to compensate for the lack of food items.

- I know some of the food needed for the food bank is purchased. Perhaps condiments could be specifically added to the list of food purchased. Salt and pepper, in particular, are fairly inexpensive items that could be added to the food pantry shelves.

Transportation

Transportation is a huge issue for seniors and an expensive and time-consuming proposition for Metrocrest. Without a significant investment in the transportation services, I cannot see a way to significantly improve or change the services offered.

My idea for transportation is to look at partnering with a group such as Bubbl to see if there is a way you could help subsidize a Bubbl ride. Bubbl is a new ride sharing program that is manned by former police and fire personnel and their drivers are thoroughly background checked. The perception of their service is that it is safer and more reliable than some of the other ride-sharing carriers such as Uber or Lyft. Their flat rate is \$17 each way which is too expensive for any of the seniors I interviewed. However, you are already charging between \$3 and \$10 each way for Metrocrest transport. Perhaps Metrocrest could negotiate and/or subsidize the balance with Bubbl. Bubbl requires only 20 minutes advance scheduling according to their website so offering them 24 hours advance to help defray the cost of utilization could become a negotiation strategy. Subsidizing such a service might be less expensive than the investment required for additional vehicles, maintenance and insurance along with paid drivers to expand the Metrocrest transportation services.

New Community Service

There were several great suggestions for additional community services

presented by the seniors interviewed. Many of these came from non-Metrocrest research participants who are looking for alternative ways to cope with getting enough food. Several of non-Metrocrest participants in this research were recruited from flyers left at the Carrollton and Farmers Branch senior centers. I also interviewed the directors of those centers along with the Coppell Senior Center director. I felt that there was a definite disconnect between the directors and their clientele. None of the directors seemed to be aware of who among their members might be hungry or in need of assistance. They were more concerned with offering a lot of recreational options, but not very concerned with helping with basic needs.

All of the senior centers in the Metrocrest service area are very nice facilities with the ability to serve a meal to a large number of people. However, Farmers Branch had discontinued lunch and learn sessions that included meals. The director told me that their only remaining food program was the \$2 movie and baked potato night, and he did not know how long they would continue that program. Carrollton Senior Center has a “hot dog day” once a month and one senior center member told me that the place is packed with people there to eat a \$2 hot dog that is not even all that good. The Coppell Center, that probably has the lowest number of food insecure seniors, has a free meal 3 to 4 times per month.

I propose that Metrocrest partner with the senior centers to encourage or provide a monthly meal of some kind. It would be an additional outreach service to the community and could be funded in partnership with each of the cities and perhaps a sponsor donor who would fund a simple meal. This program could have a huge impact

on the seniors in the community who are trying to cope with limited finances without resorting to dependence on social services.

I recommend Metrocrest explore whether North Texas Food Bank has received funding from the state for the Senior Farmers' Market Nutrition Program. If Metrocrest could obtain the funding, it could be beneficial to both their clients and the community to arrange a farmers' market program that could take produce to some of the senior independent living facilities in Carrollton and Farmers Branch. Since nearly every client expressed an interest in eating healthier including more fruits and vegetables, this program could benefit the senior clientele and, as a bonus, could also benefit the farmers operating in this area.

Other suggestions made by participants:

- Feature "senior deals" at the senior centers or in the Metrocrest paper. There are numerous discounts available to seniors in the Carrollton/Farmers Branch area. Some seniors would know about one but not about another. It would be a service to seniors to regularly feature some of the discounts they can access.
- Numerous seniors mentioned the need for minor home maintenance assistance such as wrapping pipes, changing smoke alarm batteries or replacing a light switch. The Metrocrest minor home repair service already offers these services, but many in the community are unaware of the service. This could again be mentioned or featured in the Metrocrest newsletter or in a Metrocrest brochure deposited at the senior centers.
- Several people mentioned finding out about services through your newsletter. Based on the number of seniors who had no internet connection, it seems that getting rid of the printed version of the newsletter is the same as discontinuing it. I think online access of the senior newsletter will be nearly non-existent and its usefulness will certainly be drastically reduced. Several seniors, both Metrocrest and non-Metrocrest clients, mentioned finding some kind of information from your newsletter which demonstrates it was serving a purpose.

APPENDIX A
INTERVIEW QUESTIONS

Semi-Structured Interview Questions

- Name, Age, Gender, Race
- Area of town: Carrollton, Farmers Branch, Addison, Coppell, Dallas
- Income level? Range of options will be offered

Issues of seniors in the service area; limited access; how do they cope?

- Please describe your living Arrangement? (Alone, with spouse, with family members, other)
- How many relatives do you have in the area and how close are they? How often do you see them?
- Own or rent home or apartment?
- Health? ___Very good, ___Good, ___Poor, ___Very poor
- What sorts of physical activities do you participate in?
- How many times per week?
- Do you participate in any local senior activities? (senior center, church group, other) Please tell me about those activities and which ones you enjoy the most.
- Who prepares your meals and snacks?
- What do you eat in a typical day?
- Tell us about your grocery shopping. What are your favorite foods?
- How does health influence what you purchase?
- What are the most expensive foods you purchase?
- What are inexpensive “filler” foods?
- Where do you normally shop?
- How do you get to the grocery store?

- Have you ever worried about how you would get enough food? Please explain
- Please tell me about any times you might have gone hungry
- Do you ever eat fast food? If so, tell us about where you go, why and what you get.
- Please describe any issues you have with food not lasting through the month?
- How do you manage your finances around food?

What do seniors know regarding food assistance and other senior services in the area?

- Do you currently use any of the senior services offered by Metrocrest?
- If yes, please list
- How did you find out about Metrocrest Services?
- Who would you consider a trusted source of information regarding senior services?
- Can you acquire the kinds of food you want from Metrocrest? Explain
- Describe any other food assistance programs you utilize
- Do you qualify for SNAP? Have you applied? How has it helped you?
- If not, please explain.
- Do you qualify for Medicaid? Have you applied? How has it helped you?
- Did you ever use social services when you were younger? If yes, please explain.

What are the barriers that prevent seniors from accessing food assistance?

- What would keep you from asking for help?

- Tell me things you don't like about senior services such as Metrocrest and senior centers
- Do you ever eat lunch at one of the local Senior Meal Programs? Please tell me about this and how you feel about community lunches.

What motivates seniors to access food assistance programs?

- What prompted you to contact Metrocrest for assistance?

How could food assistance programs be improved?

- What do you think would improve the services offered by Metrocrest?
- Is there something that would make it easier to access their programs?
- What additional assistance would you like to see?
- Any additional comments you would like to make?

APPENDIX B
FIELD NOTES

Metrocrest Interviews

Interview #1

88-year old man in a nice home in Coppell. He was very pleasant but seemed a little unstable on his feet. He told me his doctor told him to lose the cane he was walking with for a while. He looked like he still needed it to me.

Front room of the house was set up with computers for his grand-daughters who are in college. His daughter who owns the house was in a back room and did not come out during the interview. It appeared that they lived comfortably. The house was neat and clean and pretty nicely decorated but had not been updated or remodeled at all.

The man was neatly dressed in blue jeans and a Hawaiian shirt. He had trouble signing his name because he can't see well. He has a flip phone because he can't see well enough to spend the money on a smart phone. He wouldn't really be able to get much use out of it since he can't see it.

He was friendly and talkative but had a little trouble expressing his thoughts and ideas.

Interview 2

This interview was with a 70-year old white woman. She was a little heavy with gray hair but looked nice, was nicely dressed and really did not look 70. She lived in a loft in downtown Carrollton above a Mexican restaurant. It looked like mostly young people lived there. She did not have me up to her loft but rather came down to meet me and suggested we walk across the square to a little coffee shop. She had her poodle with her and the coffee shop owner was OK with her bringing her dog in.

The area is actually pretty nice and I have no idea how much the rent might be in the loft building but it is a sort of growing, hip area to live in the heart of downtown Carrollton. I found this to be a little unusual for a lady who claimed to be struggling financially.

She also seemed to get around quite well but said she had hurt her back and because of that could not walk for more than about 5 minutes and was unable to ride the train that was only one more block from the coffee shop where we went. However, with good mobility she should be able to utilize the train to get lots of places.

The owner and waiter in the coffee shop did seem to know her and teased her about having cookies and ice cream. The waiter (a cute young man) came to the table several times probably curious about what we were doing since I was following my question guide and was recording our conversation.

After the interview was over and I had turned off the recorder, she asked me what “food security” meant. I explained it to her. She was pretty concerned with anonymity but had only complimentary comments about Metrocrest. I think her concern had more to do with her financial situation and a feeling of humility for the position she found herself in.

Interview #3

This interview was with a white male, age 89. He lived in a duplex in a nice part of SE Carrollton. The duplex was fairly clean and nice but smelled of dogs. He had two smallish white dogs that barked as I came in. I noticed he had a small roll top desk, tile floors, a love seat in front of the windows. We sat at the dining room table which was part of the big front room. The interviewee was on a walker. He is tall and lank with splotchy hair on his head and face. A caretaker came in at the same time as me and worked a bit in the kitchen and back of the house while I was there. His grown son was also there in a back bedroom. He came out while I was there and chatted a little and sat and listened to parts of the interview.

The house was a bit messy with papers and such laying on the table but it did not appear to be dirty. There were a couple of puppy pads in the floor which I thought were a slip and fall hazard on a tile floor with a guy on a walker. He had No Trespassing signs posted on the door and in the window and later told me those were for his ex-wife. I wasn't sure which duplex to go to when I arrived but then noticed this gentleman's name on the front door. He mentioned having Metrocrest clean up his lawn and it did look pretty tidy. I had noticed on the Google maps picture that the yard was a mess – so they did a good job of getting it straightened out.

I felt a little uneasy with some of the questions when the son was in the room. He asked a couple of times if we were going to have steak and asparagus and baked potatoes to eat. I wasn't exactly clear what role he played since it sounded like he was in and out but maybe did not help very much. I didn't feel any animosity between father and son and it clearly sounded as if the father was happy that the son was there. The son jokingly said I could interview him also but I asked if he was over 60 and he said “not quite but close”.

All in all, this fellow was pleasant and well-spoken. I did not pick up on any memory or dementia type issues.

Interview #4

This interview was with a 70-year old white female. She looked much older than 70. I would have guessed her age at 80 – 85. She met me at the door of her house in a blue & white flannel robe and without her teeth. She was pretty tall and thin but didn't

appear to be too thin. Talking to her was fun. She was quite a character and although her health was bad, she still seemed to be connected in the community.

She lived alone in a small, older wood frame house in the older part of Carrollton. Her lawn was neatly mowed but the landscaping needed trimming. The house was small but the lot was very large. The house had a screened in front porch where she obviously spent a lot of time. She was a smoker – even though she had COPD - and had an ash tray of cigarette butts on the porch. We did the interview on the porch so I did not go inside the house. However, the door was open and I could see a relatively large front room that was living room, dining room and kitchen. It was dark in the house but it appeared to be pretty messy – but not hoarding type messy. She did not smoke during the interview.

The two front steps of the house were very steep and I worried about her walking down those. She walked without a cane or walker but did not seem really steady on her feet. For a footstool under her front porch chair she had two paint cans. The mailman delivered the mail while I was there and it was to a mailbox on her front wall. I didn't know any of these still existed.

Interview #5

This interview was with an 89-year old Hispanic woman. She lived in an older, rent-subsidized apartment complex in Farmers Branch. The grounds of the complex were not bad, but the area in front of this lady's apartment was covered in potted plants. It was like an oasis in the middle of a desert. The apartment door was open but there was a battered, hand-made looking screen door barely hanging on.

The lady was on the phone when I arrived and had several phone calls while I was there. Although she was 89 and living in a housing project, she was a very classy little lady. She was short but held herself well. She was very nicely dressed in a bright orange flowing blouse and skirt. She had on a fashionable chunky necklace and nice sandals that matched her outfit. Her steel gray hair was nicely styled. She made me think she was a sophisticated business woman. She was gracious and well-spoken even though her English was heavily accented.

The apartment had a lot of stuff – pictures on the wall, knick knacks, photos, a towel rack with decorative kitchen towels – but her furniture was all moved to the edges of the room so it gave an illusion of more space in the apartment. She had a desk in the front window that was piled with papers. I did not see a computer but she did have a fax/copy machine and she showed me her paper-work that was well organized in file folders in her desk. Right in front of the door was a dress form with a fancy red dress with beading. There was also a clock that chimed while I was there. The apartment was very clean – and very nice for a rent-subsidized unit. Instead of carpet, it had wood laminate floors. They may have been vinyl wood but they looked very nice and it was easy to see how clean things were. I do not remember seeing a TV in her front room.

There was a Spanish speaking helper in her kitchen washing and putting away dishes which was provided by Medicaid. The helper answered the phone for her while we were talking.

She told me that at one time she was a housekeeper. Because of her demeanor, it was hard to imagine her as a housekeeper. I would be more likely to believe that she owned and operated her own successful business of some kind. Although she was very forthcoming in her answers, I came away thinking of other questions I wish I had asked her. I would like to know more about her.

She was very pleased with the \$25 gift card and said she planned to buy fruit with it.

Interview #6

This interview was with a 61-year old white woman. She lived in a nice apartment complex in Carrollton/Addison area. However, her apartment was very messy with stuff stacked everywhere. She had to move a bunch of pillows and blankets to find a place for me to sit. The bottom and legs of the coffee table looked like they were a nice modern design. However, there was so much stuff piled on the table that I could not see the top and couldn't tell you if it was glass or wood.

The lady was tall and thin but not emaciated. She had black hair that was put up in a bun. She did not look old. However, she moved around with difficulty and had a walker in the front room. She had a television that was on. She was playing games on a laptop computer when I came in which she said she did often.

When we started the interview and I asked her what she did before she was retired, she talked and talked. I finally had to redirect her back to the questionnaire so we could actually discuss food security.

She was thrilled to get the \$25 gift card.

Interview #7

This was my first interview with a couple. The man had called on the flyer placed with their hot meal delivery. They lived in a nice house in north Carrollton. It was an older Fox & Jacobs house but extremely well taken care of. The front and back yards were both nice. The inside of the house was clean, neat and well-decorated.

The husband was a very thin, somewhat short 79 year old white man with thinning dark hair. He seemed to get around pretty well. He took me back to the breakfast room where his wife was seated. She was a 91 year old white woman. She was medium build with gray hair and spoke with a heavy German accent. She said her

hearing aid was not working well so told me to just talk to her husband and not worry about trying to keep her in the conversation. However, she did insert answers from time to time so could hear at least a portion of what was being said.

They seemed very comfortable together and the house was comfortable and inviting. They had a small dog that laid under the table while we talked. Although he had health problems and she had hearing problems, they were both very sharp.

Interview #8

This interview was with a 66-year old black woman. She lived in a very nice apartment in a large apartment complex in Carrollton. She was in an electric wheelchair and one leg was amputated below the knee. She had a bandage on the toes of her remaining foot and told me that it was something that was not healing well. She was very thin, had on a nightgown that was pulled up so that much of one leg showed and it showed how thin she was.

She had a Medicaid provided helper there who was a fairly young black woman. The apartment smelled of cleaning products. The pillows on the sofa were turned up because the helper was cleaning. I noticed that there were a number of paintings on the wall. A couple were flowers or landscapes and there was one black artist's work of a musical performer that was very similar to a painting I have. There was a stereo in the living room but no TV. I sat in a kitchen chair that was in the living room next to the client who was in her wheelchair.

I noticed that the table and the cabinets were covered with food (like the pantry was on the table) and some dishes and cooking utensils. I thought it was just a sign of a messy house but later realized that she sometimes cooked for herself and probably had to have these items down where she could easily reach them.

Also in the living room was an artificial leg in a tennis shoe.

Interview #9

This interview was with a 70-year old woman living in a senior independent apartment complex. She was a beautiful, petite woman with dark hair and I really found it hard to believe that she was 70. She assured me she was though. Her apartment was very nice. The kitchen was to the right of the front door and the dining room to the left. She had a nice desk and chair in her dining room that looked very elegant. Her living room was very full of furniture for a small room but it all looked nice.

I sat on the sofa and she sat across from me on an ottoman. She did have cable and a TV which a lot of seniors do not have. She told me it was the AT&T special deal

for seniors. That was the only part of the apartment I saw. It was nice but very full of furniture that made it feel quite small.

The only other thing that caught my attention was that the hallways in this apartment complex were very wide and were just concrete. They had no carpet or tile of any kind. She was not sure why they were that way. Perhaps it is easier for someone on a walker or in a wheel chair.

Interview #10

The interview today was with a 62-year old white woman who is living in her car. I met her at a nursing home where her mother is living. She spends the day in the nursing home with her mother and sleeps in her car in the parking lot. The nursing home was a very nice one. We met in the lobby and sat on a sofa and chair that were in there. Numerous people came and went during the interview and at one point I got up to let a man pushing his father in a wheel chair out the door. She knew a lot of them.

The client was well-dressed, was walking with a walker and was a little heavy. Overall, she seemed pretty positive for someone who was homeless. She did have family – her father and a sister – that she could turn to in an emergency.

Non-Metrocrest Interviews

NM Interview #1

This interview was with a 74-year old white woman. She was nicely dressed, a little heavy and had a cane. We met at the Farmers Branch senior center and sat at a table in the gathering area near the front door. There were papers on the table and people kept coming up to the table and rifling through the papers. I am pretty sure they were mainly trying to figure out what was going on. A couple of men stood there for a good while and the client mostly tried to ignore them. As we were winding down, one man just came and sat down at the table with us. The lady I interviewed tried to talk him into being interviewed also. He deferred to sometime when he was not so busy.

NM Interview #2

This interview was with a 60-year old black woman. She was attractive, dressed casually in jeans and a sweat shirt and was heavy – her legs in particular looked unusually large. I wondered if they might be swollen due to her medical condition. We met at the Carrollton senior center and sat at a table near the front door that is mostly away from the main action area. A couple of people did come by and say hello but did not linger. There were a lot of people in the center – probably at least 25 were either

playing pool or card games in the gathering area. However, where we sat was relatively quiet.

She was relaxed and was very open answering questions.

NM Interview #3

Interview #3 was with a Hispanic male, age 66. He looked very fit. We met at the Carrollton senior center and sat at a table very close to where I sat with interview #2. The center was busy and there were a couple of additional people working on their computers in this area but no one really came close to where we were. There was not anything else very remarkable about the surroundings and the senior center is beginning to become familiar. Lots of people come and go every time I am there.

NM Interview #4

This interview was also at the Carrollton senior center with a Chinese lady who was 64. She was very petite and looked very fit. I was about 10 minutes late to the interview because I was trying to drive across town during rush hour – the only appointment I was late for in all my interviews! I had texted her that I would be late. By the time I got there, the senior center personnel started announcing that the center would close in 40 minutes. They continued to announce the countdown to closure every 10 minutes. This really rushed the interview but I still got through all the questions.

This lady was married and seemed pretty food secure and was very focused on healthy eating. She was also very active. We were just finishing when the staff announced the center was closing and turned off the lights. That was the end of the interview and I walked out to the parking lot with the participant along with a number of other seniors who were still at the center.

NM Interview #5

This interview was with a 69-year old black woman in a senior independent living facility in Carrollton. I had trouble finding her apartment but finally did after calling her. This facility also had no carpet in the hallways like the one I was in earlier in Farmers Branch. It is only about 5 years old and I actually insured this building while it was under construction for one of my insurance clients. I had noticed a couple of code violations when I came in the door which is a habit you seem to pick up when you work in insurance.

The apartment was a nice, but small, one bedroom. The kitchen was on the right as you come in the door and the living room, that was very small, was just beyond that. There was a small sectional sofa and a recliner and television in the living room. The lady reclined in her recliner covered in a blanket the entire time I was there. The TV was left on which can be very distracting but she did at least turn it down low. There was a big plastic and chicken wire fencing tub in the living room that was full of aluminum cans. Otherwise, the apartment was clean and neat.

I asked if she had cable which she did through the AT&T senior cable special. While I was there, the lady's grandson and his girlfriend came in. She introduced them to me and then they went back into the back of the apartment, I guess into a bedroom. She told me she raised this grandson but he had quit school and moved up north somewhere. Now he was back and looking for a job. She assured me that he was not living there. She was a rent subsidized resident and the complex is an over 55 senior living complex. I am assuming that her subsidy could be at risk if there is more than one person, or if there is someone under 55, living in her apartment. I am guessing he was living there because she was very vague about where he was living.

NM Interview #6

This interview was with a 72-year old black woman in the same senior living complex in Carrollton. A woman met me at the door who turned out to be the sister of the lady being interviewed. The interviewee came in a minute later and was in a fancy electric wheelchair which she told me she had just gotten. She also told me she walked with a cane or walker but couldn't walk very far and her doctor had recommended the chair.

Her apartment was very nice and well furnished – maybe one of the nicest I had been in. It was neat and clean. I sat on the sofa with the sister and the interviewee sat in her wheelchair. She was very alert and very articulate about the issues she faced and her coping strategies. At one point, she had her sister go get a frozen dinner out of the freezer to show me the brand she liked. She and her sister were both neat and well dressed.

She was responsible for getting my next two interviews because she handed her brochure to a couple of her neighbors – and for that I am grateful!

NM Interview #7

This interview was in the same senior living complex but a floor above the last one. The lady was a 75-year old white woman. She walked with a walker and looked very frail. Her apartment was nice and neat but very sparsely furnished. She had only a couple of chairs, a TV and a rocking horse which she said was for her great-granddaughter. Her apartment looked out on a very inviting courtyard.

She was very organized and at one point went into the other room so she could get her budget spreadsheet to show me what she spent each month on various bills and what she had left over for food. She was very dependent on her daughter and worried about what would happen to her if something happened to her daughter. She was also in very poor health.

NM Interview #8

This was my final interview and was in the same senior living complex as the previous 3. This lady was a 73-year old white woman who lived across the hallway for Interview #6. Her apartment was nicely furnished a decorated but a little bit messy. It was very hot. She had been laying on the sofa watching TV when I arrived. The small living room was furnished with a sofa and chair and a recliner, coffee table and TV. It was pretty crowded. She sat in the recliner and I sat in the chair. After a few minutes I think she realized how hot it was – maybe I was sweating – and she went to turn down the thermostat.

One thing I noticed when I went in was that she had an island in her kitchen that none of the other residents had. I realized it was a portable work island that you can purchase at someplace like Ikea but it looked good in the kitchen and I was surprised that there was enough room for it.

Her apartment also looked out into the same courtyard as interview #7 although she had her curtains closed and the apartment was dark.

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